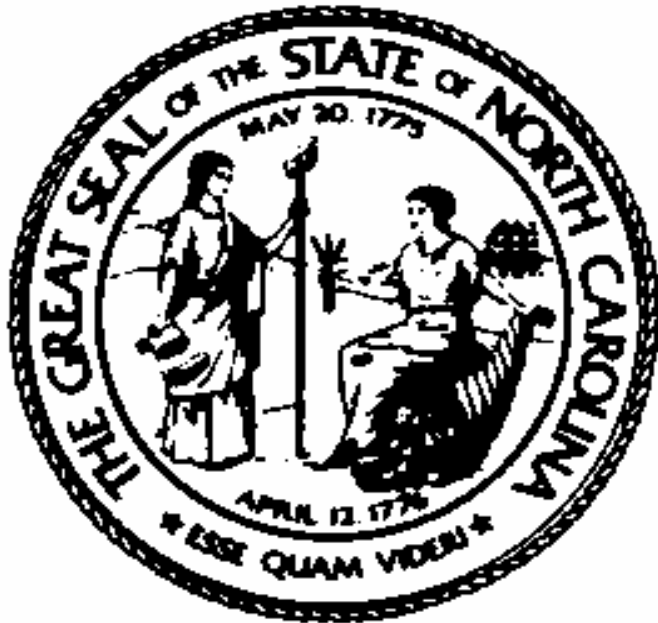


**FAMILY RESOURCE CENTER, ADOPTION PROMOTION AND SUPPORT, AND  
RESPITE PROGRAMS**

**2006 ANNUAL REPORT**

Pursuant to Session G. S. 143B-152.15



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**DIVISION OF SOCIAL SERVICES  
NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES**

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## **Executive Summary**

This report presents data and findings from Family Support programs in North Carolina funded through the State Division of Social Services, Family Support and Child Welfare Section. This report covers several models of Family Support service; Family Resource Centers (FRC), Respite programs, and Special Initiatives for Healthy Marriages, Fatherhood, and Faith Based programs. Funding for these programs comes from federal Title IV-B subpart 2 of the Social Security Act, federal Community Based Child Abuse Prevention (CB-CAP), and State monies. The information in this report covers the period July 1, 2005 to June 30, 2006.

Thirty-nine (39) Family Resource Centers, six (6) Respite programs, and three (3) Special Initiatives were fully or partially funded during this reporting year. They served 85,488 duplicated participants, duplicated meaning that some participants were counted more than once because they received multiple services. Seven thousand eight hundred and nineteen (7,819) individuals from 5,670 families participated in targeted, ongoing, Individualized Statistics activities for which outcome assessments were completed. One thousand four hundred and thirty one (1,431) families had multiple family members participating in such activities.

Family Resource Centers may select six of ten core services to provide, two of which must be Academic Success Programs/Tutoring and Parent/Child Participation. Based on information recorded in the database, programs are meeting the goals of service provision and improved family functioning in those

as well as in other areas. The largest percentage of individual activities provided were Academic Success Programs/Tutoring (50.17%). Parent/Child Participation programs were the third most frequently provided service type to participants (8.95%).

Programs are required to use an on-line (Internet-accessible) database for reporting NCFSES data. The North Carolina Family Support Outcome Scale (NCFSES) is used to measure participants' progress in meeting outcome goals related to service areas.

NCFSES assessments clearly indicate that Family Resource Centers and Respite programs are meeting their goals to help both individual family members and families as a whole develop skills to strengthen their relationships, prevent child abuse, promote child well-being, and increase family functioning. Most families participating in FRC and Respite programs already possess many strengths; thus, they often participated in these programs to increase strengths in some targeted areas for their families.

All NCFSES domains showed a statistically significant percentage of participants increased their strengths by at least one point. In the Overall Child Functioning Domain, over one-half of participants saw an increase in strengths for the Child's Developmental Status (61.41%), Child's Behavior (60.27%), and Child's School Performance (59.01%) subscales. Parent/Child Interactions also indicated significant positive change, with more than one-half (58.11%) of participants showing increases in this Overall Family Functioning domain subscale.

Family Resource Center and Respite programs can have a meaningful impact as part of the continuum of child welfare service. With the Multiple Response system currently in place for 100 counties, Family Support programs and county DSSs are now more aligned in their service philosophy. Collaboration with FRC and Respite programs is expected to benefit the local DSS, the family, and the community.

## **2006 ANNUAL REPORT**

### **Introduction**

This report details the activities of Family Resource Center, Respite, and Special Initiatives programs funded by the State Division of Social Services (DSS) during state fiscal year (SFY) 2005-2006. During this time a total of thirty-nine (39) Family Resource Centers, six (6) Respite, and three (3) Special Initiatives programs were funded, providing one or more services types in thirty-seven counties. These programs were funded through federal IV-B subpart 2 of the Social Security Act, federal Community Based Child Abuse Prevention (CB-CAP) dollars, and State funds. The activities of all Family Resource Center, Respite, and Special Initiatives programs<sup>1</sup> were reported in the North Carolina Family Support Database, an online database managed by the Performance Management/Reporting and Evaluation Section of DSS, with assistance from Appalachian State University's Community Based Programs Evaluation Team through a contract with the Division.

### ***History of Family Support in North Carolina***

Family Support programs were initially funded in North Carolina in 1994 with federal funds designed to plan, develop, and implement services to strengthen and support families and children. In 1997, the Adoption and Safe Families Act (ASFA) was passed, which included changes to the way Family Preservation and Family Support programs are funded. Formerly known as the Family Preservation and Support Services Program, this funding was renamed

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<sup>1</sup> For the remainder of this report, the information concerning the three Special Initiatives is included with the Family Resource Centers.

the Promoting Safe and Stable Families Program. Language concerning child safety was added to the definitions of Family Support programs, funding was increased, and additional models of service were funded: Time-Limited Reunification Services and Adoption Promotion and Support. The idea that innovative approaches are necessary to achieve the goals of safety, permanency and well-being for children is one of the key principles of the Safe and Stable Families funding. Programs operating under the Family Support model are appropriate for implementing this principle, as they are often able to respond to the particular needs of families and children in a more flexible manner than are governmental child welfare agencies.

Coinciding with the passage of ASFA, North Carolina held a special Legislative Session on crime. Because of the special Session, funding became available for a network of Family Resource Centers. The legislative intent was to “target the neighborhoods that have disproportionately high levels of: 1) children who would be less likely to attain education or social successes, 2) families with low incomes, and 3) crime and juvenile delinquency.” In 1996, the federal Community Based Family Resource and Support Grants (CBFRS, now CB-CAP) became available “to provide states with additional incentives to create statewide networks for ensuring the safety of children in their families and neighborhoods.” This legislation recognized that individual child abuse and neglect prevention programs cannot operate without the involvement of the entire Family Support and Child Welfare community as a whole.



These programs are all within the Department of Health and Human Services, although originally oversight was shared between the Division of Child Development (DCD) and Division of Social Services (DSS). Beginning with SFY 1998-1999, programs previously managed by DCD were moved to DSS. It was determined that DSS would be the most appropriate agency to continue management and oversight of these programs due to the continuum of services offered by the Division. Both programmatic consultation and data collection and analysis are performed by the Division with Appalachian State University assisting in the areas of data collection and analysis.

## **Family Resource Center and Respite Programs – Definitions and Philosophy**

According to family support researchers Dunst, Trivette and Deal (*Enabling and Empowering Families: Principle and Guidelines for Practice*, 1998), empowering families to be able to meet their needs is not merely a matter of ensuring those needs are met, rather it is the manner in which the needs are met that is key. Family Support programs offer a strengths based, community centered, and family friendly approach to meeting those needs. The seven premises of Family Support are as follows:

### **Seven Premises of Family Support**

- Primary responsibility for the development and well-being of children lies within the family, and all segments of society must support families as they rear their children.
- Assuring the well-being of all families is the cornerstone of a healthy society, and requires universal access to support programs and services.
- Children and families exist as part of an ecological system.
- Child-rearing patterns are influenced by parents' understanding of child development and of their children's unique characteristics, personal sense of competence, and cultural and community traditions and mores.
- Enabling families to build on their own strengths and capacities promotes the healthy development of their children.
- The developmental processes that make up parenthood and family life create needs that are unique at each stage in the life span.
- Families are empowered when they have access to information and other resources and take action to improve the well-being of children, families, and communities.

### ***Family Resource Centers***

Family Resource Centers (FRCs) are community based Family Support programs that can provide a variety of service needs for families in one location. This “one-stop” approach allows families to address multiple needs in a family

friendly atmosphere, staffed by community members, often former clients themselves. By locating FRCs within neighborhoods, families can often avoid having to negotiate transportation and childcare issues when they visit the center. Many centers offer child care or programs designed for children and youth concurrently with programs for parents so that all family members can participate in programs that address their individual needs as well as those of the family as a whole.

### **Principles of Family Support Practice**

- Staff and families work together in relationships based on equality and respect.
- Staff enhance families' capacity to support the growth and development of all family members – adults, youth, and children.
- Families are resources to their own members, to other families, to programs, and to communities.
- Programs affirm and strengthen families' cultural, racial, and linguistic identities and enhance their ability to function in a multicultural society.
- Programs are embedded in their communities and contribute to the community building process.
- Programs advocate with families for services and systems that are fair, responsive, and accountable to the families served.
- Practitioners work with families to mobilize formal and informal resources to support family development.
- Programs are flexible and continually responsive to emerging family and community issues.
- Principles of family support are modeled in all program activities, including planning, governance, and administration.

FRC's have flexible hours, structured to meet the needs of the communities they serve, which allow family members to access services without having to miss work or school. Finally, because they are not located within DSS or Mental Health facilities, families may feel less of a stigma in contacting and receiving

assistance from an FRC. Services are offered from a strengths based perspective and incorporate the nine principles of Family Support practice.

FRCs are designed as prevention programs and a family that is able to access help through a resource center may avoid becoming a Child Protective Services (CPS) family. By targeting a wide range of needs within the family, FRCs are able to help individual family members, strengthen the family as a whole, and increase community involvement. This has a reciprocal effect as stronger communities then foster strong families and protect children. The community connection is important in FRCs as the needs of communities across the state vary widely and can implement change much faster than governmental policy or law. By specifying certain core services that all centers should provide, and then allowing flexibility in the kinds of additional services offered, the Division allows each FRC to mold itself into a unique center, providing targeted services specifically for the community in which it is located. Centers in one area of the state may look quite different from those in another area because of the differing needs in the two communities.

### ***Respite Services***

Although some FRCs provide respite services, the Division also funds programs specifically for the provision of Respite services. These services fall under the Family Support model of service and are also dictated by the needs of the community and the structure of the agencies providing the services. Some respite programs operate on a voucher system, where participants are given vouchers for respite providers; some operate facilities where children may stay

for a predetermined amount of time; while others offer structured activities for children so that parents have a few hours to themselves. These services provide a much-needed break for parents and caregivers, particularly those of special needs children. Knowing that they have hours or days where they can take time for themselves may act as a pressure release valve for many parents and decrease incidents of child abuse or neglect.

## **Core Services**

While allowing FRCs to remain flexible to the specific needs of their communities, North Carolina recognizes that there are core services that should be provided by all state funded programs. To address these needs, General Statute §143B-152.1 requires that all centers receiving state or federal funding be evaluated to assess their effectiveness in achieving five specific program goals. These goals are:

1. Enhance children's development and ability to attain academic and social success.
2. Promote successful transition from early childhood education programs and childcare to the public schools.
3. Assist families in achieving economic independence and self-sufficiency.
4. Mobilize public and private community resources to help children and families in need.
5. Ensure that plans are designed and implemented to provide families with services in a holistic manner.

Ten core services were developed that include Parent Education/Parent Support Groups, Academic Success Programs/Tutoring/Lending Libraries, Child and Youth Development, Parent/Child Participation Programs, Adult Literacy/Adult Education, Health Services/Health Education, Occupational Skills/Job Readiness/Job Placement, Transportation, Community Building, and Individual Family Services Coordination. Each of the Family Resource Centers funded by the Division is required to provide six of these ten services, either on site, or through collaborative arrangements with other public and/or private providers in the community. As of July 1, 2002, all Family Resource Center

programs were required to provide Academic Success and Parent/Child Participation programs as two of their core services. Other services may be provided at the Center as determined by the specific needs of the local community.

### ***Community Collaboration***

In addition, the statute requires programs to collaborate with other public and private agencies involved in the provision of Family Support services, as well as eliminate duplication of effort at the local level, in order to maximize resources. The Division required a memorandum of agreement between funded resource centers and the local county DSS. In a letter to both county DSS Directors and funded FRC programs, the Division specified that this collaboration should include a plan to implement “one or more of the following as a strong core service component : (a) prevent and remedy child maltreatment; (b) reunify foster children with their families; and/or (c) recruit and support foster and adoptive families.”<sup>2</sup>

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<sup>2</sup> Appendix C contains a copy of the letter sent to FS/FRC programs. A copy of the letter sent to county DSSs can be found on the DSS Web page, <http://www.dhhs.state.nc.us/dss/>, under Dear County Director letters. This letter was dated December 10, 2001 and titled “Need for Coordination between DSS and Family Resource Centers”

## **Evaluation**

### ***North Carolina Family Support Database***

The North Carolina Family Support Database is an on-line database developed in order to monitor the performance of all Family Resource Centers and Respite programs, relative to their stated programmatic goals and requirements. Initially developed in conjunction with the Human Service Smart Agency at the University of North Carolina's School of Social Work, since November 2000, the database has been housed and maintained by Appalachian State University's Social Work Program and Institute for Health and Human Services. Because the database is on-line, it can be updated and modified without costly redistributions and its reporting capacity is beneficial to individual centers as well as to the Division. Summary data are available for a single center, by county, as well as for the state as a whole. In addition to the Division's use of this data to assess achievement of programmatic goals, many organizations use their own data to report to their boards, the community, and when applying for additional funding.

### ***Data Collection***

The database records information regarding the type of services provided by the center as well as the participants in each activity. Two types of activities are entered in the database: Individualized Statistics activities and Summarized Statistics activities. Individualized Statistics activities are intended to address a specific need, take place over a time span of weeks or months, and involve sufficient one-on-one interaction that an outcome assessment may be completed



for each participant on the North Carolina Family Support Outcome Scales (NCFSSOS). Examples of such activities include Parent Support Groups and After-School Homework Help programs. For these activities, a record is kept of each participant session that includes the specific type of service that was provided. Demographic information about the participants is collected, including age, race, educational background, and any special needs of the participant or any other family members. Since Individualized Statistics activities are designed to meet a particular need, certain desired outcomes can be identified and outcome assessments are completed for all participants.

Summarized Statistics activities are usually one-time events and due to their structure, do not allow for outcome assessment of participants. These activities typically involve large groups of participants (though not always) and are often of an Information and Referral nature. For instance, an organization may provide information from the community health care providers for their clients, may schedule staff from the county Health Department available to answer clients' questions, and/or may facilitate a Health Fair. Activities of this type are typically captured as Summarized Statistics activities. Even in the case of other more personalized information and referral activities, such as someone dropping in at the center to obtain assistance for a job search, etc., it may not be possible to know if the individual followed up with the referral or what impact the referral may have had on the individual's well-being, thereby making it inappropriate to attempt an assessment. This type of service would also be captured as a Summarized Statistics activity. In addition, recreational activities

provided by a center to participants who are involved in other, more intense activities at the center are often captured as Summarized Statistics. Activities of this nature, such as a Family Game Night, do build overall goodwill and forge connections between families coming to the center, but may not be suitable for outcome assessments.

## **Participant Demographics and Services Summary**

Family Resource Center and Respite programs served 85,488 participants in fiscal year 2005-2006. Since only aggregate demographic data are collected for Summarized Statistics activities, this figure includes an unknown number of clients being counted more than once (if they participated in both Individualized Statistics activities and Summarized Statistics activities). Seven thousand eight hundred nineteen (7,819) individuals from 5,670 families participated in targeted, ongoing, Individualized Statistics activities (See Table 1). Of these 7,819 persons, 1,626 of them participated in two or more such activities. There were 10,452 participants in 540 Individualized Statistics activities where specific outcomes were targeted and assessments completed. One thousand four hundred thirty one (1,431) families had more than one family member participate in an activity that resulted in outcome assessments being completed. An estimated 75,036 people participated in 1,506 Summarized Statistics activities (See Table 2).

The overall number of activities (Individual and Summarized) and participants included in this report appear to have declined from the previous fiscal year. The decline can be attributed to the fact that in SFY 2004-2005 Adoption Promotion and Support Programs were included in this report. Although these programs continue to use the on-line database to capture service information, the Division made the decision to evaluate the Adoption Promotion and Support Programs separately from the FRC, Respite, and Special Initiative programs beginning in SFY 2005-2006.

**Table 1 – Summary of Individual Statistics Activities Statewide SFY 2006**

Number of Activities	540
Average Length (in days)	178.745
Average Duration of Sessions (in hours)	3.66071
Participants (duplicated)	10452
Participants (unduplicated)	7819
Persons Participating in More Than One Activity	1626
Number of Families	5670
Families Having More than one Participant	1431
Average Age of Participants	21.9

**Table 2 – Summary of Summarized Statistics Activities Statewide**

Number of Activities	1506
Duration of Activities (sum of all activities in hours)	13036
Participants (duplicated)	75036

Table 3 provides demographic information regarding participant age, ethnicity, and gender. Over one-third (34.74%) of participants in Individualized Statistics activities were children under the age of 13, while just under half (48.45%) were 18 or younger. Over one-third (40.30%) were between the ages of 19 and 49, many of whom may be parents who rely on the activities offered to strengthen parenting skills. Nearly half (47.67%) of the participants were African American and nearly two-thirds (62.72%) were female; two demographic factors that tend to statistically indicate that a client may be more economically disadvantaged.

**Table 3 – FRC/Respite Participant Demographics SFY 2006**

<b>Age of Participants</b>	<b>Individual Activities</b>		<b>Summary Activities</b>	
	<b>Number</b>	<b>Percent</b>	<b>Number</b>	<b>Percent</b>
0 – 5	1,170	14.99%	11,925	15.89%
6 – 12	1,541	19.75%	12,767	17.01%
13 – 18	1,070	13.71%	5,926	7.90%
19 – 29	1,323	16.95%	9,734	12.97%
30 – 39	1,065	13.65%	12,638	16.84%
40 – 49	757	9.70%	9,377	12.50%
50 – 59	489	6.27%	6,961	9.28%
60+	389	4.98%	5,707	7.61%
<b>TOTAL</b>	7,804	100.00%	75,035	100.00%
<b>Race of Participants</b>	<b>Individual Activities</b>		<b>Summary Activities</b>	
	<b>Number</b>	<b>Percent</b>	<b>Number</b>	<b>Percent</b>
African American	3,727	47.67%	34,893	46.50%
Asian American	21	0.27%	745	0.99%
European American (Caucasian)	2,934	37.52%	27,279	36.35%
Hispanic	661	8.45%	6,365	8.48%
Native American	368	4.71%	3,631	4.84%
Other	108	1.38%	2,130	2.84%
<b>TOTAL</b>	7,819	100.00%	75,043	100.00%
<b>Gender of Participants</b>	<b>Individual Activities</b>		<b>Summary Activities</b>	
	<b>Number</b>	<b>Percent</b>	<b>Number</b>	<b>Percent</b>
Female	4,904	62.72%	44,658	59.51%
Male	2,915	37.28%	30,379	40.49%
<b>TOTAL</b>	7,819	100.00%	75,037	100.00%

Table 4 provides the service types delivered through activities and the units of service provided for each type. For Summarized Statistics, units of service are identical to the number of participants. For Individualized Statistics, service type deliveries (activity session log entries) are counted, rather than participants, to more accurately portray the total services provided through each activity. If an individual attended a Parenting Class eight times, for example, they

were recorded as having received eight units of service. Using this methodology, activities that were more long term and required more resources appear with more units of service than shorter duration activities with similar numbers of attendees.

The most units of service for Individualized Statistics activities were devoted to Academic Success Programs/Tutoring (50.17%). Family Education/Skill Training (9.02%), and Parent/Child Participation were the next most frequently reported service types (8.95%). Job Skills/Readiness/Placement is the most commonly identified service type for Summarized Statistics activities (19.68%).

**Table 4 – FRC/Respite Service Types/Participant Percentages SFY 2006**

<b>Service Type</b>	<b>Individual Activities</b>		<b>Summary Activities</b>	
	<b>Number</b>	<b>Percent</b>	<b>Number</b>	<b>Percent</b>
Academic Success Programs	67,603	50.17%	2,305	3.65%
Adoption Promotion/ Support	1,539	1.14%	471	0.74%
Adult Education	4,999	3.71%	2,390	3.78%
Case Management	3,442	2.55%	1,668	2.64%
Child Development	4,530	3.36%	1,636	2.59%
Client Advocacy	114	0.08%	444	0.70%
Faith-Based Programs	446	0.33%	4,106	6.49%
Family Education/ Skill Training	12,151	9.02%	644	1.02%
Family Reunification	477	0.35%	4,835	7.65%
Fatherhood	76	0.06%	2,534	4.01%
Health Education	911	0.68%	1,757	2.78%
Healthy Marriages	7,906	5.87%	82	0.13%
HIV Education	128	0.09%	3,377	5.34%
Individual & Family Counseling	437	0.32%	2,678	4.24%
Information & Referral	964	0.72%	2,412	3.81%
Leadership Development	4,927	3.66%	668	1.06%
Job Skills/Readiness/Placement	1,239	0.92%	12,440	19.68%
Other	2,729	2.03%	3,384	5.35%
Parent/Child Participation	12,060	8.95%	2,202	3.48%
Respite Care	5,247	3.89%	11,419	18.06%
Self-Sufficiency	196	0.15%	271	0.43%
Service Coordination	2,618	1.94%	1,504	2.38%
<b>TOTAL</b>	<b>134,739</b>	<b>100.00%</b>	<b>63,227</b>	<b>100.00%</b>

### **North Carolina Family Support Outcome Scale**

The North Carolina Family Support Outcome Scale (NCFSOS) is a strengths based assessment tool developed specifically for measuring outcomes across the wide range of services offered by Family Support programs. It has been incorporated into the on-line database and is the assessment tool used by all FRC and Respite programs funded by the Division. An NCFSOS is completed for all participants in Individualized Statistics activities to measure their progress relative to the target goal of the activity. All outcomes are tied to the goals and outcomes mandated for these programs, either through legislation or through Division policy. The NCFSOS is divided into five domains, each of which measures several broad areas through subscales:

- Overall Child Functioning
- Overall Parent Functioning
- Overall Family Functioning
- Family's Relationship to the Community
- Overall Individual Functioning

Because of the large array of potential services, each item in the scale addresses a very complex issue with a single global phrase. While this helps to keep the scale as brief and manageable as possible, it does result in less precision in the rating of each item. A good example of this is the subscale titled "Parenting Skills, Knowledge, and Attitudes" (item B-I), which addresses a range of possible outcome goals stated by parent education programs across the state: increasing positive child discipline techniques, increasing parents' knowledge of appropriate developmental behavior, improving parents' attitudes towards child-rearing and their children, and so on. In previous years, staff at centers had



some difficulty with the degree of latitude given to them in choosing which scale items and which domains to use to evaluate a particular client's participation in an activity. These concerns have been addressed to some degree by enhancements to the NCFSSOS made during the SFY 2003-2004. Changes to the service types in SFY in 2005-2006 in the database also addressed these concerns. A NCFSSOS scale is completed for each participant in all Individualized Statistics activities. It is important to note that, if an individual participates in a Parenting class and a GED class, he or she will have separate assessments for each of those activities, as the targeted outcomes for each activity are different. FRC staff complete the intake assessment as soon after the beginning of the activity as is practical, and only those subscales that are directly related to the outcome goals of the activity being provided are rated.

### ***Results***

Tables 5 through 9 show the results for all domains covered by the NCFSSOS. For each subscale, the tables indicate the total number of participants who were evaluated using that particular subscale, and the number and percentage of participants achieving each level of change. By assigning a value of "1" to the rating "weak strength" and a value of "5" to "clear strength", movement along this continuum is shown in the results of the NCFSSOS. Moving 'backward' (from a solid strength to a mild strength, for example) would result in an assessment score of "less than or equal to -1", while moving 'forward' would result score of +1, +2, or +3 or more, depending on the distance moved. A score of zero indicates that there was no change in the rating from intake to

closure. It is important to note that a score of “0”, or no movement, does not necessarily indicate any weaknesses in the family interactions. If a participant came to the center with strengths in certain areas, and the subscales addressing those areas were rated accordingly at intake, there may not be a change in those areas at closure. This may be due to the FRC and participant concentrating their efforts in other areas, where the individual was not as strong. A score of “0” might also indicate a stabilization of the participant issues related to the subscale. This occurrence would generally be characterized as positive.

The results of the NCFSSOS assessments clearly indicate that FRC and Respite programs help both individual family members and families as a whole develop skills to strengthen their relationships and increase family functioning. All domains showed that participants generally enhanced their functioning or retained previously effective levels of functioning. Very few participants overall saw a decrease in functioning.

In the Overall Child Functioning Domain (Table 5), over one half of participants saw an increase in strengths for the Child's Developmental Status (61.42%), Child's Behavior (60.26%), and Child's School Performance (59.01%). Child's School Performance is a direct measure of Academic Success Programs/Tutoring, one of the required core services. An additional 39.65% of children maintained their level of School Performance. As mentioned previously, this does not mean that the activities in which they participated had no effect. Rather, the participants who maintained the same level of School Performance may have been strong in that area at intake and, therefore, FRC staff focused on

other areas of possible improvement. Additionally, it is possible that participants may have sought assistance from the FRC when they were just beginning to have trouble in school and the help provided by the FRC prevented them falling behind.

**Table 5 – NCFSES Outcome Assessments**  
**Level of Change per Participant – Overall Child Functioning**

<b>Overall Child Functioning</b>	<b>Less than or equal to -1</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>Greater than or equal to 3</b>	<b>Number of Participants evaluated</b>
Child's Developmental Status	1.33% 47	37.26% 1317	46.82% 1655	13.86% 490	0.74% 26	3535
Child's Physical Health	1.33% 35	53.87% 1413	38.89% 1020	5.83% 153	0.08% 2	2623
Child's Mental Health	1.17% 31	53.23% 1416	39.06% 1039	6.35% 169	0.19% 5	2660
Child's Behavior	1.25% 44	38.49% 1359	46.22% 1632	13.45% 475	0.59% 21	3531
Child's School Performance	1.34% 35	39.65% 1036	40.68% 1063	16.42% 429	1.91% 50	2613
Teenager's Movement Towards self-sufficiency	1.32% 13	52.64% 518	38.72% 381	6.40% 63	0.91% 9	984

In the Overall Parent Functioning Domain (Table 6), more than one-half of parents increased their Parenting Skills, Knowledge, and Attitudes (59.30%) and their Sense of Support in Parenting Role (59.70%). Almost one-half (47.87%) of parents increased Participation in Community Groups and Activities. Increased knowledge and confidence, as well as support, can relieve the stress and anxiety of parenting and lead to a decrease in child maltreatment. Nearly one-half of the participants increased Educational Attainment (45.58%) and Leadership Skills (44.43%).

**Table 6 – NCFSES Outcome Assessments**  
**Level of Change per Participant – Overall Parent Functioning**

<b>Overall Parent Functioning</b>	<b>Less than or equal to -1</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>Greater than or equal to 3</b>	<b>Number of Participants evaluated</b>
Parenting skills, knowledge, and attitudes	1.58% 40	39.11% 988	43.94% 1110	14.89% 376	0.48% 12	2526
Parent's sense of support in parenting role	1.53% 36	38.78% 914	41.88% 987	17.27% 407	0.55% 13	2357
Parent's physical health	3.08% 52	62.03% 1047	30.39% 513	4.09% 69	0.41% 7	1688
Parent's mental health	2.65% 47	55.22% 978	34.22% 606	7.68% 136	0.23% 4	1771
Parent's educational attainment	1.97% 37	52.45% 986	32.02% 602	12.82% 241	0.74% 14	1880
Parent's leadership skills	2.35% 40	53.21% 904	32.96% 560	10.65% 181	0.82% 14	1699
Parent's participation in community groups and activities	2.37% 39	49.76% 820	34.28% 565	11.65% 192	1.94% 32	1648

In the Overall Family Functioning Domain (Table 7), FRCs are meeting the mandate to improve parent/child interactions. More than one-half (58.11%) of participants showed increases in Parent/Child Interactions/Relationships. Nearly the same percentage (57.94%) of participants showed an increase in Family Communication while over 40% (40.91%) improved the Ability to Meet Basic Economic Needs.

**Table 7 – NCFSS Outcome Assessments**  
**Level of Change per Participant – Overall Family Functioning**

<b>Overall Family Functioning</b>	<b>Less than or equal to -1</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>Greater than or equal to 3</b>	<b>Number of Participants evaluated</b>
Parent-child interactions, parent-child relationship	1.90% 41	39.99% 863	38.14% 823	19.46% 420	0.51% 11	2158
Family Communication	2.37% 45	39.69% 753	36.22% 687	20.88% 396	0.84% 16	1897
Family cohesiveness, mutual support	2.94% 38	57.63% 744	30.67% 396	7.82% 101	0.93% 12	1291
Physical, learning, emotional environments at home	3.18% 38	61.56% 735	26.55% 317	7.87% 94	0.84% 10	1194
Informal social support	2.23% 32	58.70% 843	29.18% 419	9.19% 132	0.70% 10	1436
Family economic self-sufficiency	2.40% 42	59.43% 1040	27.09% 474	9.43% 165	1.66% 29	1750
Ability to meet basic economic needs	1.69% 30	57.41% 1019	29.75% 528	9.86% 175	1.30% 23	1775
Ability to solve family disputes without violence	4.54% 48	63.04% 667	21.64% 229	9.64% 102	1.13% 12	1058

Centers have also been successful in the domain of Families'

Relationships to Their Community (Table 8). All items within this domain

reflected increases for nearly one-half of participants. The greatest increase was

in the area of Family's Knowledge of Available Human Services (60.68%).

**Table 8 – NCFSS Outcome Assessments**  
**Level of Change per Participant – Family's Relationship to the Community**

<b>Family's Relationship to the Community</b>	<b>Less than or equal to -1</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>Greater than or equal to 3</b>	<b>Number of Participants evaluated</b>
Family's knowledge of available human services	1.14% 25	38.19% 839	38.42% 844	16.84% 370	5.42% 119	2197
Linkages between family and community resources	1.16% 21	41.58% 756	38.83% 706	15.79% 287	2.64% 48	1818
Relations between family and human services staff	1.48% 25	47.69% 804	35.82% 604	13.35% 225	1.66% 28	1686
Family's participation in FS program governance	4.25% 57	43.29% 581	31.52% 423	12.97% 174	7.97% 107	1342

The overall Individual Functioning domain (Table 9) is primarily intended to address participants who have no immediate family or who are not participating in activities directly related to their family and associated needs. An unmarried female earning a GED, or a male attending ESL classes, then, would be assessed under this domain. Over two-thirds of those individuals increased their Skills, Knowledge, and Attitudes (68.74%) and their Sense of Support (68.36%). Almost 60% increased their Educational Attainment (59.16%) and their Leadership Skills (54.13%).

**Table 9 – NCFSOS Outcome Assessments**  
**Level of Change per Participant – Overall Individual**  
**Functioning**

<b>Overall Individual Functioning</b>	<b>Less than or equal to -1</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>Greater than or equal to 3</b>	<b>Number of Participants evaluated</b>
Individual's skills, knowledge, and attitudes	0.48% 19	30.78% 1206	45.69% 1790	21.67% 849	1.38% 54	3918
Individual's sense of support	0.27% 8	31.38% 947	43.21% 1304	24.22% 731	0.93% 28	3018
Individual's physical health	0.72% 16	55.18% 1219	30.38% 671	13.40% 296	0.32% 7	2209
Individual's mental health	0.51% 11	53.56% 1158	31.54% 682	14.01% 303	0.37% 8	2162
Individual's educational attainment	0.28% 8	40.56% 1149	33.89% 960	23.61% 669	1.66% 47	2833
Individual's leadership skills	0.54% 13	45.32% 1084	34.03% 814	16.35% 391	3.76% 90	2392
Individual's participation in community groups & activities	0.68% 16	37.06% 875	40.79% 963	17.15% 405	4.32% 102	2361

## **Fiscal Analysis**

In SFY 2005-2006 the Division awarded contracts totaling \$3,307,500. This amount included \$2,152,500 in federal IV-B2, \$555,000 in federal Community Based Child Abuse Prevention (CB-CAP), and \$600,000 in State monies. Family Resource Centers received funding from IV-B2, CB-CAP, and State funds; however, the majority of FRCs were wholly funded through IV-B2. Respite programs were funded entirely with CB-CAP funds. For a more specific breakdown of how specific contracts were funded, please see Appendix F.



## **Opportunities for Future Collaboration**

### ***Multiple Response***

In 2002, the Division began implementing the Multiple Response System (MRS) as a family centered alternative approach to traditional child welfare that was incident and child focused. Family centered practice is the philosophy behind MRS, as well as the foundation for Family Resource Centers. According to the MRS policy manual, the six family centered principles of partnership are:

- Everyone desires respect
- Everyone needs to be heard
- Everyone has strengths
- Judgments can wait
- Partners share power
- Partnership is a process

These principles are complementary to the Principles of Family Support and Family Support Practice of the FRCs. FRCs can fulfill a variety of needs for families while they are working with DSS, particularly around the seven principles of MRS. The principles are:

#### **Seven Principles of Multiple Response**

- Collaboration between the Work First Family Assistance and child welfare programs.
- A strengths-based, structured intake process.
- A choice of two approaches to reports of child abuse, neglect, or dependency.
- Coordination between law enforcement agencies and child protective services for the investigative approach.
- A re-design of in-home services.
- Implementation of Child and Family Team meetings during the provision of in-home services.
- Implementation of shared-parenting meetings in child placement cases.

If properly utilized, Family Resource Centers can provide supportive services that are needed in the Family Assessment track of Multiple Response, while also providing community friendly locations for Child and Family teams and Shared Parenting meetings. Resource Centers have hosted visitations between parents and their children when the children have been in foster care. They can also help families with achieving goals in their DSS case plan, such as offering Parenting Classes that may be required. Center staff may also act as advocates for families and may be a part of the Child and Family Team meeting component of MRS, either as a family advocate, a facilitator, or by simply providing a neutral meeting site. Respite programs can provide a break for both parents and children, often acting as a release valve for parents who feel overwhelmed. Having a few hours a week to themselves may relieve a parent's stress and prevent incidents of child abuse and neglect.

Beginning in January 2006, all 100 of the counties in the state were in the process of implementing the MRS approach to Child Protective Services. As county DSS staff members become more comfortable with implementing the Family Assessment approach, there will be increased opportunities for Family Resource Centers to play a close collaborative role in helping families who have become involved with the child welfare system.

***North Carolina's Family Resource Center (FRC), Adoption Promotion & Support, and Respite Outcomes Work Group***

At the close of SFY 2004-2005, Division staff worked with ASU to enhance the consistency of use of the North Carolina Family Support Outcomes Scale

to increase the overall reliability of the database across funded programs. In response, the ASU project team developed a proposed outcomes model for the program, and the team added definitions to the service types included in the model (Appendix H). Definitions for some service types from the 2004 Annual Report and the Micklem Report were included in the proposed model. The team also used definitions from the AIRS/INFO Line Taxonomy of Human Services for other service types that did not have definitions.

An Outcomes Work Group was formed at the start of SFY 2005-2006 comprised of FRC, Adoption Promotion & Support, and Respite service providers, state and regional Division staff, and members of the ASU Project Team. Members of the ASU Project Team facilitated discussion of the proposed model. With work underway by the statewide North Carolina Institute of Medicine (IOM) Task Force on Preventing Child Maltreatment, the Outcomes Work Group decided to focus solely on refinement of the service types from the proposed model. During the summer and fall of 2005, the group met three times to discuss service types. The group evaluated the relevance of each service type found in the database. The group also determined what, if any if service types should be eliminated. Finally, the group evaluated each definition and changed definitions to more accurately reflect services offered in North Carolina's local FRCs, Adoption Promotion and Support, and Respite programs.

The ASU Project Team revised the service types based on the discussions of the Work Group and the service types were then distributed to

Division staff for their feedback and revision. The service types next were distributed to all FRC, Adoption Promotion and Support, and Respite providers for their feedback and review. Based upon the feedback, service types were again revised. The team developed case studies to be used in training providers on use of the new definitions and revised service types. In addition, the service types and definitions were programmed into the database system. In the late spring/early summer of 2006, the ASU Project team trained local FRC, Adoption Promotion and Support and Respite providers in use of the revised service types and their definitions at three regional trainings. The trainings were designed to enhance the consistency of use of service types and definitions by all providers who input data into the database. Following the trainings, the new service types and definitions went “live” on July 1, 2006.

All NC FRC and Respite service providers now use a smaller number of defined service types to describe their work with families and children under this program. While there are still a number of limitations to the evaluation data, increasing the consistency in how and when service types are used also increases the reliability of outcomes and changes in outcomes associated with families and children served by NC’s FRC and Respite Programs.

Comment [ht1]: Remove?

### ***NC Institute of Medicine (IOM) Task Force on Preventing Child Maltreatment***

During SFY 2005, the state of North Carolina convened the NC IOM Task Force on Preventing Child Maltreatment. This Task Force was comprised of legislators, state and regional staff from the NC’s Department of Health and Human

Services, NC Prevent Child Abuse staff members, local child maltreatment prevention providers, university representatives, physicians, and other key stakeholders involved in child maltreatment prevention efforts. The Task Force assessed evidence-based practice models, service delivery strategies, state oversight and reporting responsibilities, evaluation designs, and outcomes for children and families. In September 2005, the Task Force presented their discussion and findings in a report entitled, "New Directions: A Report of the NC Institute of Medicine Task Force on Child Abuse Prevention."

Based on this report, a smaller work group was developed in April 2006, to focus on the findings regarding the use of evidence-based and promising practice models and child maltreatment prevention outcomes for children and families served through family resource centers. This group, known as the Evidence-Based Practice Work Group, was comprised of some of the local FRC providers located across the state, NC Partnership for Children staff, state and regional DSS staff, university representatives from UNC-Chapel Hill, Duke, and Appalachian State, and other interested groups. The Evidence-Based Practice Work Group was facilitated by staff from NC Prevent Child Abuse America and Duke University. The group discussed the findings of the NC IOM Task Force, particularly in regard to NC's Family Resource Centers. In addition, the group focused on family resource and support literature; current state of practice within Family Resource Centers from other states; historical and current policy and funding issues surrounding FRCs; historical and current goals and outcomes for FRCs; and current resources and future needs regarding FRC evaluation

systems. The group met a number of times throughout the spring/summer, 2006. A summary of the discussions and findings from this work group are currently being prepared for submission to state Division of Social Services staff who oversee North Carolina's Family Resource Center, Adoption Promotion & Support, and Respite Programs. It is anticipated that the findings from the Work Group will help guide the state as they refine the family resource center component of the program to better serve families and children.

#### ***Family Resource Center (FRC) Qualitative Study for SFY 2006-2007***

At the conclusion of SFY 2005-2006, the Division recognized that major changes will be made to this program based on the previous child maltreatment prevention and outcome work group efforts. The ensuing changes are ultimately expected to enhance services provided to families and children served through FRC, and to improve safety, permanency, and well-being outcomes for these families and children. However, it is expected that these changes may take some time to fully develop and implement. In the meantime, the Division wanted to assess how well staff and other members of the FRCs believed they are achieving the current legislative goals of the Program as well as other goals. At the end of SFY 2005-2006, the Division staff requested that the ASU Project Team develop and implement a qualitative study of FRCs as a part of the evaluation strategy for SFY 2006-2007. Findings from the FRC Qualitative Study and the overall FRC evaluation will be provided in the SFY 2006-2007 Annual Report.

***New Evaluation/Treatment Directions***

During the current and previous two fiscal years, the state of North Carolina has been engaged in major efforts to review, revise, implement, and evaluate child maltreatment prevention services offered through family resource centers across the state. These efforts include potential changes such as use of new or existing evidence-based practice models; assessment tools/strategies; outcomes; evaluation protocols; data collection systems; and service delivery strategies as well as potential realignment of oversight and reporting functions. State Division staff members anticipate changes in these areas will take time to implement and they will require discussion from all involved stakeholders to implement. Even though these changes will take time, all stakeholders involved in these change efforts are committed to making the changes, since they are expected to ultimately result in improved services and better outcomes for families and children.

# Appendices

## Appendix A

### Ten Core Services for Family Resource Centers

**Academic Success Programs/Tutoring/Lending Libraries--** This category includes all programs whose primary purpose is to foster the academic achievement of children and youth, pre-K through 12th grade. Examples include after-school and summer educational/tutoring programs, out-of-school suspension programs, and lending library programs that loan out educational materials (e.g., books, educational videos and educational toys).

**Adult Literacy /Adult Education--** This category includes one-on-one or group adult literacy classes; Adult Basic Education, GED, English as a Second Language and Adult High School classes through local community colleges, and ongoing life skills and financial management courses.

**Child and Youth Development--** This category includes programs emphasizing the social and psychological development of children and youth, in addition to educational enrichment. It includes: guided play programs for infants and toddlers; programs focusing on social/psychological development of pre-school children; mentoring programs; summer and after-school enrichment and recreational programs/camps such as Scouts and 4-H groups; and youth programs intended to build a healthy self-identity and foster responsible choices in areas such as careers and alcohol and drug abuse.

**Community Building--** These services help strengthen the communities in which families live. Community building programs may include community policing programs and/or police substations at FRC sites; ongoing efforts to remove drug traffic and other illegal activity from a community; neighborhood watch and regularly scheduled community safety programs; community leadership development programs; neighborhood clean-up and home repair programs; mediation services; and ongoing collaboration with housing agencies and economic development agencies to restore housing stock and otherwise rebuild neighborhoods.

**Health Services/Health Education--** This category includes ongoing programs designed to promote the physical and mental health and well-being of community residents. Examples include health screenings, immunizations, WIC distribution, regularly scheduled health education programs, and substance abuse prevention or rehabilitation programs.



**Individual Family Services Coordination--** These services respond to specific family issues as identified by family members themselves. They may range from short-term family counseling to long-term intensive family services leading to self-sufficiency. They may include assisting individual families to identify needs/strengths, set goals, and seek appropriate resources. They may occasionally involve providing resources to meet a family's emergency needs (e.g., food, utility bills, and a uniform or appropriate shoes for a new job).

**Occupational Skills/Job Readiness/Job Placement--** These programs seek to provide adults with the job skills and resources needed to obtain employment and become economically self-sufficient. It includes regularly scheduled job readiness programs; one-on-one or group job search and job placement counseling and assistance; job internship programs; computer skills programs or other skills development programs whose primary purpose is development of skills for employment; and all Work First collaboration programs.

**Parent Education/Parent Support Groups--** This category includes formal instruction programs in child development and parenting skills. It includes opportunities for parents to share experiences and concerns with peers in structured support groups. Examples include Parent Education Programs such as Parents As Teachers and Master Parents and Parent Support groups for specific groups including teen parents, parents of children with special needs, fathers only, grandparents who are raising grandchildren, and non-English speaking parents. It also includes Parent Involvement programs intended to foster active participation of parents in their children's education.

**Parent/Child Participation Programs--** This category includes educational and development programs having components specifically designated for parents and children in the same family. Examples include formal Family Literacy programs as developed by National Family Literacy Center; Motherread; Fatherread; and regularly scheduled parent/child developmental programs, which may involve interactive play sessions.

**Transportation/Child Care Support Services--** This category includes services offered on an on-going basis to parents and children who are participating in FRC programs, activities and meetings. It also may include transportation and child care provided for a specific period of time, either directly or by monetary reimbursement, for parents newly employed after job skills training and placement; systematic provision of transportation and/or child care to FRC families for health and human service appointments; and for parents receiving respite child care during crises.

## Appendix B



### North Carolina Department of Health and Human Services Division of Social Services

325 North Salisbury Street • 2410 Mail Service Center • Raleigh, North Carolina 27599-2410  
Courier # 2410

Michael F. Easley, Governor  
Carmen Hooker Buell, Secretary

Pheon E. Beal, Director  
(919) 733-3055

December 7, 2001

**Dear Authorized Officials and Project Directors of Division-funded:  
Family Support Services Programs  
Family Resource Centers**

**Subject: Follow-up to October 9, 2001 letter regarding re-allocation of funds.**

A letter sent out October 9, 2001 stated the intent of the Division of Social Services to re-allocate state and federal funds designated for Family Resource Centers and Family Support Services programs on a competitive basis. At that time, the Division believed that the re-allocation process was the most effective means of responding to the concerns expressed by legislative leaders during the recent budget process. This process had included a \$250,000 reduction in funding for Family Resource Centers as well as new programmatic requirements.

Several developments have resulted in the need for us to reconsider the original plan to re-allocated funds on a competitive basis. The original timeframe for the process, already very tight, was made unmanageable by the delay in the receipt of a certified state budget by the Division. Secondly, there continues to be a distinct possibility of additional program cuts and funding reductions, making it impossible to know the exact amount of funds that are available to re-allocate. Also, DHHS is considering a comprehensive policy related to all Family Support Programs and Family Resource Centers funded by the Department that may have a significant impact on the future direction and design of these services. With these developments, the Division has decided to postpone a final decision regarding a re-allocation of funds and to proceed with implementation of the new programmatic requirements within currently funded programs. As outlined in this letter, some of the requirements must be implemented immediately and others must be implemented by July 1, 2002. Some agencies will have to make significant changes in order to be funded for the next fiscal year.

**A. PROGRAMMATIC REQUIREMENTS TO BE IMPLEMENTED IMMEDIATELY**

All currently funded programs are required to implement the following programmatic components immediately and to provide written confirmation to the Division when completed:

1. Contact the county's public health and to participate in a coordinated effort to enhance current resources and activities aimed at the reduction of HIV/AIDS.
2. Complete a formal Memorandum of Agreement with any and all publicly-funded Family Resource Centers or Family Support Programs that provide services to families within your identified service area or an adjoining service area. The MOA must assure the coordination and non-duplication of services across programs.

**B. PROGRAMMATIC REQUIREMENTS TO BECOME EFFECTIVE NO LATER THAN July 1, 2002.**

All currently funded programs are required to implement the following programmatic components NO LATER THAN July 1, 2002. These components need to be included in all contract agreements for SFY 2002-03.

1. All programs must be center based and physically located in a defined high-risk community or neighborhood. Programs must be able to document that the areas has a disproportionately high level of: (a) families with low incomes; (b) children with poor academic and social performance; and (c) child abuse and neglect.
2. All programs must provide Academic and Social Success as a strong core service component to enhance proper child development and improve the likelihood of academic and social success of children. All programs must closely track and report outcome information at the child, family and community level related to this component.
3. All programs must provide Parent/Child Participation as a strong, core service component to enhance relationships and communication between parents and their children, enable parents to become positive role models for their children, and build strong families. All programs must closely track and report outcome information at the child, family and community level related to this component.
4. All programs will develop and implement a collaborative partnership with the public child welfare agency to implement one or more of the following as a strong, core service component: (a) prevent and remedy child maltreatment; (b) reunify foster children with their families; and/or (c) recruit and support foster and adoptive families. This partnership needs to be described in a jointly developed plan than is signed by FRC/FS Program and DSS administrators and approved by your Division consultant. All programs must closely track and report outcome information at the child, family and community level related to this component.

Dear Director of FS, FRC  
December 7, 2001  
Page 3

5. All programs must use the "How Are We Doing" toolkit to conduct an on-going self-assessment of the extent to which services are provided in a holistic, family-centered manner.

As part of the contract renewal process for SFY 02-03, each program will be required to submit:

- A description of activities to reduce HIV/AIDS
- Copies of MOAs with other FRC/FS programs
- A description of how the required core services are provided: Academic and Social Success, Parent/Child Participation, Collaborative Partnership with public welfare services (submit copy of jointly developed and approved plan).
- A description of how all services are provided in a holistic, family-centered manner.

We recognize that these programmatic requirements will cause a substantial shift in services for some programs, and want to allow time for adjustments prior to the contract approval process. We also recognize that the uncertainty of the funding for FRC/FS programs has been difficult for you as well as for us. We are hopeful that compliance with the new programmatic requirements will result in stronger legislative support and a more secure funding base. Please work closely with your Division consultant in the planning and implementation of these requirements. A copy of this letter is also being sent to the DS Director in your county in an effort to facilitate the joint planning process.

Thank you for your attention to these important new programmatic requirements. The special provisions passed by the General Assembly as part of the budget bill are attached for your reference. If you have questions or need additional information, please contact your consultant at (919) 733-2279.

# Appendix C

## Family Support – Outcome Scale

Type: ☐ Intake ☐ Closure Client's Name: \_\_\_\_\_  
 Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Activity Name: \_\_\_\_\_  
 Staff Member: \_\_\_\_\_

This questionnaire addresses issues that are important to families. It is to be completed at least twice—once before the intervention begins and once after it ends—**by the same staff member**. It is very important that the same staff member fill out this assessment for the same family so the success of the intervention or service can be measured. Consider each item below in terms of the family's current situation. Rate each item on the **5-point continuum** below. N/A means Not Applicable, and this may be the appropriate response for many items. To complete the Scale, please check the appropriate box for each item.

<b>A. Overall Child Functioning</b>	<u>Weak Strength</u>	<u>Mild Strength</u>	<u>Moderate Strength</u>	<u>Solid Strength</u>	<u>Clear Strength</u>	<u>Not Applicable</u>
1. Child's developmental status (social, cognitive, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Child's physical health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Child's mental health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Child's behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Child's school performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Teenager's movement towards self-sufficiency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>B. Overall Parent Functioning</b>	<u>Weak Strength</u>	<u>Mild Strength</u>	<u>Moderate Strength</u>	<u>Solid Strength</u>	<u>Clear Strength</u>	<u>Not Applicable</u>
1. Parenting skills, knowledge, and attitudes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Parent's sense of support in parenting role	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Parent's physical health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Parent's mental health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Parent's educational attainment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Parent's leadership skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Participation in community groups and activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>C. Overall Family Functioning</b>	<u>Weak Strength</u>	<u>Mild Strength</u>	<u>Moderate Strength</u>	<u>Solid Strength</u>	<u>Clear Strength</u>	<u>Not Applicable</u>
1. Parent-child interactions, parent-child relationship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Family communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Family cohesiveness, mutual support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Physical, learning, emotional environments in home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Informal social support (from friends, extended family)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Family economic self-sufficiency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Ability to meet basic economic needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Ability to solve family disputes without violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>D. Family's Relationship to Community</b>	<u>Weak Strength</u>	<u>Mild Strength</u>	<u>Moderate Strength</u>	<u>Solid Strength</u>	<u>Clear Strength</u>	<u>Not Applicable</u>
1. Family's knowledge of available human services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Linkages between families and human services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Relations between families and human services staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Family's participation in FS program governance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>E. Overall Individual Functioning</b>	<u>Weak Strength</u>	<u>Mild Strength</u>	<u>Moderate Strength</u>	<u>Solid Strength</u>	<u>Clear Strength</u>	<u>Not Applicable</u>
1. Individual's skills, knowledge, and attitudes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Individual's sense of support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Individual's physical health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Individual's mental health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Individual's educational attainment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Individual's leadership skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Participation in community groups and activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Appendix D

### Definitions for Family Support Outcome Scales

Listed below are the definitions for individual items found under the various sub-scales that comprise North Carolina's Family Support Outcome Scale. Read the definitions carefully and select the definition that best represents the individual child, parent, adult, family, or community being observed. Even if not all of a definition applies, select the definition that best captures that person or group. The scales need to be completed for the child, parent, adult, family or community at intake and at case closure. Please do not hesitate to use the entire range of scores on each item, including the lower strength scores, such as "1". By selecting all scores as appropriate, the information collected is more accurate. Further, changes in scores from intake to closure can be more easily observed.

#### **A. Overall Child Functioning**

This sub-scale should be completed when a child is participating in an activity that affects the child's functioning. These activities may include preschool classes, playgroups, tutoring, etc.

##### **1. Child's developmental status**

\*\* This item refers to the child's physical, emotional, and/or social development. Doctor's comments and recommendations may be used to help rate the child in this area.

(1) Weak Strength: Child is significantly developmentally behind (socially, cognitively, and physically). Child may not be walking at appropriate age, child may have a vocabulary well below their age level, and child's speech may be slow or hard to understand. Parent and/or child seek improvement in areas of social, cognitive, and physical development.

(2) Mild Strength: Child is behind developmentally. Child is "on-track" in terms of one or two developmental milestones (i. e. walking, tying shoes) but is behind in most other areas (i. e. speech, vocabulary, and reading). Parent and/or child seek improvement in areas of social, cognitive, and physical development.

(3) Moderate Strength: Child is, more or less, at the same developmental stage as other children his or her age.

(4) Solid Strength: Child is above average. Child is at or above the same developmental stage as most children his or her age and excels in one or more area such as reading, math, etc.

(5) Clear Strength: Child is clearly developmentally above average. Child excels socially, cognitively, and physically.

##### **2. Child's physical health**

\*\* This item refers to the child's overall physical health.

(1) Weak Strength: Child has one or more physical diseases or disabilities, or experiences pain that considerably (but not totally) hinders the child's ability to function in daily activities (e.g. play, school, etc). Some activities or tasks are significantly affected while others remain unaffected. Alternatively, all activities could be affected but child continues to attempt to participate in all (e.g. while causing pain, stress or discomfort). Those children with a serious communicable disease whose presence endangers family or public health even if it does not interfere with functioning in daily activities should be included in this category. In addition, those with life-threatening illnesses or conditions that may not be affecting functioning immediately, but could have a drastic effect (e.g. heart or kidney disease). Parent and/or child seek improvement in area of physical health.

(2) Mild Strength: Child has one or more physical diseases or disabilities which are not life threatening and which have no (or little) impact on his or her ability to perform daily activities. Those children with chronic or potentially debilitating illness (e.g. asthma, congenital heart disease, diabetes) which have not progressed to have a significant, prolonged impact on tasks and activities related to child's daily functioning (school, play) should be included in this category. Parent and/or child seek improvement in area of physical health.

(3) Moderate Strength: Child has no significant physical diseases or disabilities and adequate health habits. Those children who complain of physical symptoms (e.g., headaches, fatigue, frequent colds), but no specific illness has been diagnosed should be included in this category.

(4) Solid Strength: Child has no significant physical diseases or disabilities and has good health habits. Episodes of acute illness (e.g. flu) may occur but these are infrequent and brief.

(5) Clear Strength: Child has no significant physical diseases or disabilities and has excellent health habits. Episodes of acute illness are rare.

### **3. Child's mental health**

\*\* This item refers to the child's overall mental health. Doctor's comments or recommendations may be used to help rate the child in this area.

(1) Weak Strength: Due to mental disturbance, child is unable to function in most daily activities (e.g. child may not be able to attend school, cannot interact with family or friends, or is unable to leave the house). However, child can carry out self-care tasks and is not a danger to self or others. Symptoms may include serious disturbance in judgment, thinking, mood or reality testing. Parent and/or child seek improvement in area of mental health.

(2) Mild Strength: Due to mental disturbance, some of the child's functioning and daily activities are impaired, where some activities could be substantially affected while others remain unaffected. Symptoms may include refusal to attend school, bed-wetting, excessive aggression, withdrawal, or avoidance of others. Child may have some mental health disorders that are being addressed in treatment. Parent and/or child seek improvement in area of mental health.

(3) Moderate Strength: Child does not have a diagnosable mental disorder. Due to recent stressful life events, (e.g. recent separation or divorce of parents, relocation, etc.), the child may be experiencing mild and transient symptoms of psychological distress. These issues may have a minimal impact on functioning in daily activities (e.g. school, socialization).

(4) Solid Strength: Child has overall good mental health, emotional stability, and self-concept. Child may have mental health issues, but participates in treatment and/ or is taking medication and is making excellent progress.

(5) Clear Strength: Child has overall excellent mental health, emotional stability, and self-concept. Child is able to handle stress effectively.

### **4. Child's behavior**

\*\* This item refers to the child's behavior at home, school, or in the community. Recommendations or comments from parents or teachers may be used to help rate the child for this item.

(1) Weak Strength: Behavior is dangerous to self. Child is uncooperative, refuses to follow rules or do chores. Child may use drugs or threatened suicide. Parent and/or child seek improvement in child's behavior.

(2) Mild Strength: Child engages in disobedience or misconduct at home or in school (e.g. small thefts, stays out late, running away, sexual "acting out," breaking or smashing things, threats, fighting with siblings, some drug use), but no injuries involved. Household or classroom is often disrupted by child's behavior. Parent and/or child seek improvement in child's behavior.

(3) Moderate Strength: Child's behavior is mostly manageable and fairly normal for his or her age. Some discipline problems are present (e.g. argumentative, rude, throws tantrums), but transient. Child is usually cooperative but has some difficulty in following rules or completing chores, but problems do not merit intervention.

(4) Solid Strength: Child is behaving normally for age. Minor disobedience is quickly resolved; episodes are isolated and do not escalate. Child is viewed as cooperative, follows rules, and does chores. Contributes to child's learning and increasing maturity.

(5) Clear Strength: Child has exemplary behavior. Episodes of noncompliance are extremely rare and child is polite and cooperative.

## **5. Child's school performance**

\*\* This item refers to the child's performance in all aspects of school.

(1) Weak Strength: Child has frequent periods of poor attendance, poor academic record, and/or many behavior problems in school. Child goes back and forth between tolerating and disliking school, and/or periodically avoids school with illness or truancy. Parent and/or child seek improvement in child's school performance.

(2) Mild Strength: Child has fair attendance, a fair academic record, and occasional to frequent behavior problems in school. Child seems to tolerate school, but takes advantages of opportunities to miss school. Parent and/or child seek improvement in child's school performance.

(3) Moderate Strength: Child has good attendance and an average academic record. Behavior problems at school are rare.

(4) Solid Strength: Child has good school attendance and an average to good academic record. Child tries hard. Child reports to like school and/or behaves appropriately in school.

(5) Clear Strength: Child has good school attendance and an excellent academic record. Child is an exemplary student.

## **6. Teenager's movement toward self-sufficiency**

\*\* This item refers to the teen's progress in functioning appropriately in everyday life.

(1) Weak Strength: Parent(s), caretakers, and/or professionals make all decisions for teen. Teen lacks the ability to ask questions when clarification is needed, make compromises, ask for help, control or explain feelings, and respect others. Parent and/or child seek improvement in this area.

(2) Mild Strength: Teen relies heavily on parents, caretakers, and/or professionals to make decisions affecting his/her daily life. Teen has some trouble in the areas of seeking clarification, recognizing and explaining feelings, controlling actions, delayed gratification, setting goals, making compromises, asking for help, and respecting others. Parent and/or child seek improvement in this area.

(3) Moderate Strength: Teen often goes to parent(s), caregiver, or professional to help make decisions affecting his or her life. Teen is able to ask questions when needed, recognize and explain feelings, control actions, delay gratification, set goals, make compromises, and respect others.



(4) Solid Strength: Teen goes to parent(s), caregiver, or professionals to help him or her make important decisions affecting his/her daily life but is also able to make sound decisions on own regarding the lesser problems and issues of daily living.

(5) Clear Strength: Teen possesses and has shown the ability to make rational decisions based on careful thought and/ or consultation with a parent, caregiver, professional, or other mentor. Teen can not only ask for help when needed, but can also ask clarifying questions, recognize and explain feelings, control actions, follow through with outlined plans, present ideals to others, accept both praise and criticism gracefully, respect others, and lead group activities (i.e. sports or school).

## ***B. Overall Parent Functioning***

This sub-scale should be used when a parent is participating in an activity or series of activities that pertain to parenting. These activities may include parent education activities, parenting workshops, parent enrichment activities, etc.

### **1. Parenting skills, knowledge, and attitudes**

**\*\*This item refers to a parent's knowledge and understanding of child development; his or her comfort level in parenting; and his or her parenting skills.**

(1) Weak Strength: Parent possesses limited knowledge of child's developmental stages; parent often does not feel comfortable assuming parental role; parent's discipline and limit-setting for child may vary from age-appropriate to too harsh or to too lenient. Parent seeks improvement in parenting skills, knowledge, and attitudes.

(2) Mild Strength: Parent possesses some knowledge of child's developmental stages; parent has some mixed feelings about authority/role as a parent; parent provides adequate supervision of child; parent's communication with child is brief, but mostly positive and appropriate; parent's discipline and limit-setting for child is age-appropriate, but can be inconsistent. However, these inconsistencies do not create major difficulties. Parent seeks improvement in parenting skills, knowledge, and attitudes.

(3) Moderate Strength: Parent has adequate knowledge of child's developmental stages; parent feels generally positive about parental role; parent provides and seeks out age-appropriate supervision of child; parent has good rapport and positive communication with child; parent's discipline and limit-setting for child is age-appropriate and generally consistent.

(4) Solid Strength: Parent has an excellent knowledge of child's developmental stages and seeks out new information about these stages; parent feels positive and generally enjoys parental role; parent provides, seeks out, or creates age-appropriate supervision of child; parent has excellent rapport with child; parent's discipline and limit-setting for child is age-appropriate and consistent.

(5) Clear Strength: Parent has a superior knowledge of child's developmental stages and seeks out and analyzes new information about child's developmental stages; parent relishes parental role; parent provides, seeks out, or creates age-appropriate supervision that child feels content with; parent has an excellent rapport with child and child freely shares and initiates communication with parent; parent's discipline and limit-setting for child is age-appropriate, consistent, and creative, depending on the needs of the child.

### **2. Parent's sense of support in parenting role**

**\*\* This item refers to the support a parent experiences from key others regarding his or her parenting.**

(1) Weak Strength: Parent receives no support or occasionally feels supported by partner in parenting role but experiences inconsistencies in support; parent experiences no support or experiences limited

support for parenting and some negative support from extended family; parent reports having no support or limited support network regarding parenting that he or she desires to expand (i.e. very few or no friends, neighbors, church and/or community friends).

(2) Mild Strength: Parent reports positive emotional and tangible support in parenting role from partner but would like more support; parent experiences generally positive support for parenting from extended family; parent reports an adequate support network regarding parenting that he or she may want to expand (i.e. limited number of close friends, neighbors, church, and/or community friends).

(3) Moderate Strength: Parent reports positive emotional and tangible support in parenting role from partner that is adequate; parent seeks out and receives positive support for parenting from extended family; parent reports having a strong support network regarding parenting (i.e. adequate number of close friends, neighbors, church, and/or community friends).

(4) Solid Strength: Parent reports strong and consistent emotional and tangible support in parenting role from partner; parent seeks out and receives positive support for parenting from varied extended family; parent reports a strong and varied support network regarding parenting (i.e. close and casual friends, neighbors, church, and/or community friends).

(5) Clear Strength: Parent reports strong, consistent and reciprocal emotional and tangible support in parenting role from partner; parent reports strong and reciprocal support for parenting from varied extended family; parent reports a large, strong, and varied support network regarding parenting (i.e. many close and casual friends, neighbors, church, and/or community friends).

### **3. Parent's physical health**

\*\* This item refers to a parent's overall physical health.

(1) Weak Strength: Parent has at least one acute or chronic disease, disability, or condition (i.e. severe asthma, diabetes, obesity, heart problems, multiple sclerosis, cancer, etc.) that impairs his/her parental functioning significantly. Parent reports few personal resources or tangible supports to deal effectively with this condition. Parent would like to increase his/her resources and supports.

(2) Mild Strength: Parent has at least one acute or chronic disease, disability, or condition (i.e. severe asthma, diabetes, obesity, heart problems, multiple sclerosis, cancer, etc.) that may impair his/her parental functioning. Some everyday activities related to the child are negatively affected by this condition, while other activities are not. Parent has some personal resources and tangible supports to deal effectively with this condition. Parent would like to increase his/her resources and supports.

(3) Moderate Strength: Parent may or may not have an acute or chronic disease, disability, or condition (i.e. severe asthma, diabetes, obesity, heart problems, multiple sclerosis, cancer, etc.). If present, the condition rarely affects parental functioning. If not present, parent has good overall health and nutrition, although he or she participates sporadically in exercise. Parent has good personal resources and tangible supports to deal effectively if condition is present.

(4) Solid Strength: Parent has good overall health and nutrition. Parent participates regularly in exercise activities and in maintaining good nutritional habits. Parent has good resources and tangible supports that encourage these positive habits.

(5) Clear Strength: Parent has excellent overall health and nutrition. Parent actively encourages regular physical activities and healthy eating habits of child and partner. Parent participates individually and with child and partner in regular exercise activities and in good eating habits. Parent has good personal resources and supports that encourage these positive habits.

### **4. Parent's mental health**

**\*\*This item refers to a parent's overall mental health.**

(1) Weak Strength: Parent has at least one type of mental disability (i.e. depression, bipolar disorder, substance abuse, psychosis, etc.) that impairs his/her parental functioning significantly. Parent has few personal resources or tangible supports to deal effectively with this issue. Parent would like to increase his/her resources and supports.

(2) Mild Strength: Parent has at least one type of mental disability (i.e. depression, bipolar disorder, substance abuse, psychosis, etc.) that may impair his/her parental functioning occasionally. The issue may affect some everyday activities related to the child, while other activities are not. Parent has some personal resources or tangible supports to deal effectively with this issue. Parent would like to increase his/her resources and supports.

(3) Moderate Strength: Parent may or may not have a type of mental disability (i.e. depression, bipolar disorder, substance abuse, psychosis, etc. . . If present, the issue rarely affects parental functioning. If not present, parent has good overall mental health, although he or she may be experiencing some type of psychological stress (i.e. job difficulties, a difficult family relationship, etc.). Parent has good resources or tangible supports to deal effectively with the issue or stress if present.

(4) Solid Strength: Parent has good overall mental health and self-esteem. Parent does not experience any type of mental disability and he or she is not experiencing any significant psychological stress. Parent has good personal resources or tangible supports that encourage positive mental health and self-esteem.

(5) Clear Strength: Parent has excellent overall mental health and self-esteem. Parent actively encourages building positive self-esteem and maintaining positive mental health with child and partner. Parent does not experience any type of mental disability and he or she is not experiencing any significant psychological stress. Parent has excellent personal resources or tangible supports that encourage these positive traits.

## **5. Parent's educational attainment**

**\*\* This item refers to a parent's level of education and training.**

(1) Weak Strength: Parent has not completed high school or GED. Parent is "self-taught" and skilled, but he or she has not actively pursued further education or training opportunities in the past. Parent is interested in increasing his or her education or training.

(2) Mild Strength: Parent has completed high school or GED. Parent is "self-taught" and skilled. In the past, parent has actively pursued further education or training opportunities. Parent is interested in increasing his or her education or training.

(3) Moderate Strength: Parent has completed high school or GED. In the past, parent has actively pursued further education or training opportunities. Parent is interested in increasing his or her education or training. Parent may have pursued some college (i.e. an Associate degree).

(4) Solid Strength: Parent has completed high school or GED. In the past, parent has actively pursued further education or training opportunities. Parent is interested in increasing his or her education or training, and he or she is currently pursuing opportunities. Parent also may have a four-year college degree.

(5) Clear Strength: Parent has completed high school or GED. In the past, parent has actively pursued further education or training opportunities. Parent is interested in increasing his or her education or training. He or she also may encourage others to pursue continued education and he or she may help facilitate continuing education opportunities. Parent also may have completed a graduate degree (i.e. Masters degree, Ph. D., J. D., etc.)

## 6. Parent's leadership skills

\*\* This item refers to a parent's leadership skills at home, work, and within the community.

(1) Weak Strength: Parent sees self as a participant rather than as a leader at home, work, and/or community settings. Parent doesn't like to assume authority in different areas and prefers others to assume leadership roles. Parent likes role as a participant.

(2) Mild Strength: Parent sees self as a participant rather than as a leader at home, work, and/or community settings. Parent has not felt comfortable assuming authority but is willing to assume leadership roles. Parent likes role as a participant but may be interested in limited leadership roles.

(3) Moderate Strength: Parent has assumed roles as both a leader and as a participant at home, work, and/or in the community. Parent expresses some interest in assuming a broader range of leadership roles. Parent seeks increased leadership roles.

(4) Solid Strength: Parent has assumed a number of leadership roles at home, work, and/or community. Parent enjoys assuming an authority position. Parent seeks broader and deeper leadership roles.

(5) Clear Strength: Parent has assumed a number of leadership roles at home, work, and/or community and is widely recognized by others for leadership. Parent enjoys assuming an authority position. Parent is recognized for excellent leadership skills and abilities.

## 7. Parent participation in community groups and activities

\*\* This item refers to a parent's level of involvement within the community.

(1) Weak Strength: Parent rarely participates in community groups and activities. If he or she participates, he/she views self as an outsider in community settings.

(2) Mild Strength: Parent participates in some community groups and activities. Parent prefers role as a participant in community groups and activities over role as a leader. Parent expresses some interest in participating in more community activities and/or groups.

(3) Moderate Strength: Parent participates in community groups and activities on a regular basis. Parent may have assumed some leadership roles in addition to his/her role as a participant in community groups and activities. Parent expresses interest in participating in more community groups and activities and/or assuming leadership roles within community groups and activities.

(4) Solid Strength: Parent participates in community groups and activities on a regular basis. Parent has assumed some leadership roles within community groups and activities. Parent may express some interest in assuming a broader range of leadership roles. Parent is a link between community groups and/or activities and members of their community.

(5) Clear Strength: Parent participates in community groups and activities very regularly. Parent has assumed a number of leadership roles within community groups and activities. Parent enjoys assuming an authority position in community settings. Parent is recognized for excellent leadership skills and activities within the community, and he/she is widely viewed as a community leader.

## C. Overall Family Functioning

This sub-scale should be completed when a family is participating in an activity that affects the family's overall functioning. These activities may include parent education classes, parenting workshops, family enrichment activities, family-based activities, budgeting workshops, etc.

## 1. Parent-child interactions, parent-child relationship

\*\* This item refers to the nature of the relationship between the parent and child as well as their interactions.

(1) Weak Strength: Parent and/or child show little emotional investment. Parent is often irritable and misinterprets cues most of the time. Parent frequently does not respond or responds inappropriately. Parent and/or child seek improvement in this area. Parent and/or child report arguing with one another on an almost daily basis. Interactions are characterized by raised voices, criticism, and no resolution of conflicts. There may currently be violent/destructive behavior between parent and child. Interaction between parent and child is primarily for purposes of discipline (parent) or for request for resources (child). Child receives little emotional nurturing from parent. Cooperative decision making rarely occurs.

(2) Mild Strength: Parent is sometimes frustrated or intrusive. Some ambivalence and/or passiveness are detected. Parent responds to physical and/or social needs inconsistently. Parent has some difficulty in reading child's cues. Parent and/or child seek improvement in this area. Interactions between parent and child are often marked by conflict and argument, but parent and/or child report that they are able to engage in some activities without conflict. Conflict may occur when parent attempts to modify child's behavior. When conflict occurs, parent and child are often unable to resolve the conflict without escalation into an argument or destructive behavior. Parent occasionally seeks feedback for child prior to making decisions that directly impact child. Child seldom goes to parent for emotional support.

(3) Moderate Strength: Parent exhibits adequate emotional involvement and support. Parent has occasional difficulty allowing independence or differences. Parent reads child's cues correctly most of the time. Despite occasional arguments and escalation of behavior, parent-child interactions occur regularly and consistently. Parent and child are able to discuss problems and/or recent conflict but have some difficulty finding resolution to these issues. Parent occasionally seeks feedback for child prior to making decisions that directly impact child. Child seeks out support from parent for some issues.

(4) Solid Strength: Parent-child relationship is balanced. Parent encourages appropriate independence, is warm and attentive, and responds appropriately to needs. Parent reads child's cues correctly. Parent and child regularly spend time together and this interaction is marked by engagement in mutually enjoyable activities. Disagreements or problems are handled without escalation of conflict. Parent and child both actively involved (when appropriate) in decisions that impact child. Child regularly seeks support from parent.

(5) Clear Strength: Parent-child relationship is very balanced. Parent is encouraging, promotes independence, is warm and attentive, reads cues correctly, and responds appropriately to needs of child. A strong sense of connectedness is exhibited. Parent and child regularly spend time together and the interaction is marked by engagement in mutually enjoyable activities. Parent and child both compromise in order to resolve conflicts. Parent and child communicate regarding areas of conflict or disagreement and are able to find solutions to these conflicts. Child solicits parent's advice and emotional support.

## 2. Family communication

\*\* This item refers to the communication among family members.

(1) Weak Strength: Family has very poor communication, lots of misunderstandings and misreading of other's cues is present. Family seeks improvement in this area.

(2) Mild Strength: Conversations are usually of daily life or are business oriented. There is little "quality conversation" within the family. Communication is isolated. Family seeks improvement in this area.

(3) Moderate Strength: Family generally has good communication, although has difficulty communicating about important or "heavy" issues.

(4) Solid Strength: Family has open communication where there is frequent sharing of ideas, feelings, and experiences.

(5) Clear Strength: Family has excellent communication within the family. There is a frequent sharing of ideas feelings, and experiences. Everyone's voice is "heard" and considered within the family. Time may set aside to promote this open communication.

### **3. Family cohesiveness, mutual support**

\*\* This item refers to how "connected" and supported family members feel with one another.

(1) Weak Strength: Refers to poor emotional and/or physical support among family members. Family rarely provides transportation, day care, or financial assistance when needed. Frequent undermining and jealousy of success between family members is present. Family seeks improvement in this area.

(2) Mild Strength: Refers to fair emotional and/or physical support among family members. Family may provide one or more of the following: transportation, day care, or financial assistance when requested, but often family cannot offer support in these areas. Family seeks improvement in this area.

(3) Moderate Strength: Refers to good support within the family. Some physical support is provided when requested by a family member. Most requests for help from family members are met by other family members

(4) Solid Strength: Refers to good emotional and/or physical support within the family. Physical support is given when needed, such as providing day care, transport, or financial help. Family members appear to help each other willingly.

(5) Clear Strength: Refers to excellent emotional and/or physical support within the family. Physical support such as day care, transportation, or financial help is readily available to family. Family members help each other willingly.

### **4. Physical, learning, emotional environments in the home**

\*\*This item refers to the physical, learning, and emotional climate present within the family's home.

(1) Weak Strength: Little interest in child learning and development is seen. Parent(s) avoid school contact or parent(s) put excessive pressure on the child to exceed. Family may receive low ratings in the areas of housing stability, safety in the home and /or community, transportation, hygiene, and food and nutrition. Family seeks improvement in this area.

(2) Mild Strength: Parent(s) allow child(ren) to develop without interfering. Parent(s) allow child(ren) to watch any program on T.V. (although parent(s) might verbally disapprove). Parent(s) interact with the school only at schools request. Some pushing to unrealistic achievement (i. e. child must read before starting school) may be seen. Refers to fair ratings in the areas of housing stability, safety in the home and /or community, transportation, hygiene, and food and nutrition. Family seeks improvement in this area.

(3) Moderate Strength: Parent(s) read to child(ren) frequently, as time allows. Television programs are generally monitored. Parent(s) occasionally plan learning activities. Parent(s) may check homework but do not actively seek out constant involvement with child's school, however does make time available if requested. Refers to adequate ratings in the areas of housing stability, safety in the home and /or community, transportation, hygiene, and food and nutrition.

(4) **Solid Strength:** Parent(s) plan reading time, carefully selects activities and experiences, and plans outings. Parent(s) is actively involved with school and helps child(ren) to attain appropriate developmental tasks. Age appropriate games and toys are provided. Refers to good ratings in most of the areas of housing stability, safety in the home and /or community, transportation, hygiene, and food and nutrition.

(5) **Clear Strength:** Parent(s) are actively involved in child's learning. Parent(s) sets aside time for reading and plans regular educational outings. Parent is actively involved in school and may serve a leadership role within a parent committee. Age appropriate games and toys are provided. Refers to excellent ratings in areas of housing stability, safety in the home and /or community, transportation, hygiene, and food and nutrition.

## **5. Informal social support (from friends, extended family)**

\*\* This item refers to the support that the family experiences from friends and/or extended family.

(1) **Weak Strength:** Family is isolated. Parents more or less have no relations with people outside the family other than on a polite "hello-goodbye" level. There is no one person that can be called on a regular basis for significant help or assistance, or no one who takes a substantial interest in the parent. There is never anyone to talk to. Neighbors and others might tend to avoid the parents and help might be rejected if requested by the parents. Parents generally do not know how to carry out relations with others, or have characteristics that cause others to avoid closer interaction. Family seeks to improve the level of support.

(2) **Mild Strength:** Parents have few friends or relatives they can regularly turn to. Parents have acquaintances (work, neighbors) but cannot go to them with important personal problems. Can request and receive help at times with the lesser problems of everyday life. Parents do not want to "impose" on people although people are generally friendly. Close relatives may live too distant to offer regular support, though parents may be in touch through correspondence. Family seeks to improve the level of support.

(3) **Moderate Strength:** Parents may have a few friends to talk and/or one or two relatives that live near by to offer emotional support and some concrete help (i. e., babysitting, transportation, assistance with household, shopping). Parent(s) generally go to community resources for help.

(4) **Solid Strength:** Parents have frequent contact with a few close friends or relatives outside of the household that they can count on for emotional support and concrete help. Parents have support available in a crisis, and a few people available for everyday activities or regular socializing. Social contact may include some church and/or community involvement.

(5) **Clear Strength:** Parents are well supported and have frequent and regular contact with several relatives and/or close friends outside of the household that they can count on for emotional and concrete help when needed (i.e. babysitting, transportation). Relatives or friends don't "drift away" when there are problems, and do not give off the feeling of being imposed upon. Parents have support available in crisis as well as for lesser problems in everyday life.

## **6. Family economic self-sufficiency**

\*\* This item refers to financial well-being of the family.

(1) **Weak Strength:** Family is in debt over their heads. Parents practice irresponsible spending habits; luxuries are often bought before necessities. Family has chaotic budget. Family seeks improvement regarding financial well-being.

(2) Mild Strength: Family has no plan for use of money. Parents occasionally buy things on impulse. Children are not deprived of necessities but there would be a problem if there were an emergency. Family seeks improvement regarding financial well-being.

(3) Moderate Strength: Refers to family having debts, but debts are under control. Family has some problems with budgeting but there is a planned use of money. Problems do not prevent the family from meeting their basic needs.

(4) Solid Strength: Refers to family using money in a way that provides benefits financially and family has clear spending plans or priorities. Debts are small and manageable. There is a planned use of money and no back bills. Family is good at bargain hunting.

(5) Clear Strength: Family uses money in an appropriate way. Family has clear spending plans and priorities. Bills are always paid on time. Money is regularly put into savings or other investments.

## **7. Ability to meet basic economic needs**

\*\* This item refers to the family's ability to address financial needs satisfactorily.

(1) Weak Strength: Family is deprived of some necessities and/or cannot repay debts. Income cannot be stretched far enough, even by borrowing (have difficulty obtaining loans). There is usually not enough food; rent or utility payments are far behind. This may be the result of a sudden reduction in income or unexpected large expenses. Family is getting further into debt. Family seeks improvement in addressing economic needs.

(2) Mild Strength: Family has constant financial problems, but is "scraping by". Basic necessities can usually be paid for, but delays occur. Family borrows money frequently and bills are not paid on time. Often one essential purchase has to be delayed so that another may be paid for (e.g. doctor's visit needed so school clothes cannot be bought). Income may fluctuate but family is not suffering and debts are eventually repaid. Family seeks improvement in addressing economic needs.

(3) Moderate Strength: Family has occasional financial problems. Basic necessities are almost always paid for. Bills are usually paid on time. Money is available for small emergencies. Income is fairly stable.

(4) Solid Strength: Family has no continuing financial problems. Family is able to afford all necessities of daily living (rent, clothing, food, transportation, medical expenses, utilities), with some money available for recreation and amenities. Modest savings may be possible.

(5) Clear Strength: Family has no financial problems. Necessities and recreation are easily paid for. Family has some money in savings or other investments.

## **8. Ability to solve family disputes without violence**

\*\* This item refers to the family's ability to resolve conflicts.

(1) Weak Strength: Physical violence resulting in injury to an adult or child in the home has occurred and there may be threats of continuing violence. Violence between caregivers negatively affects ability to parent and/or has resulted in physical or emotional harm to children. Family seeks improvement regarding conflict resolution.

(2) Mild Strength: There are more periods of arguments than of peace and quiet. Since contacts often end in conflict; parents may withdraw from each other. There is little tolerance and "grudges" are held for long periods of time. Children are often the focus of arguments and may be blamed for adult conflicts. Family seeks improvement regarding conflict resolution.



(3) Moderate Strength: Physical abuse toward children has not occurred, or complaints/substantiations of abuse have occurred but satisfactory progress is being made through counseling or provision of other services. Family members solve problems without violence.

(4) Solid Strength: There are attempts at problem solving, but these are not always successful and channels of communication may temporarily close. Children are sometimes drawn into arguments between parents. There seems to be a strong emotional tie between adults and they usually support each other in important matters.

(5) Clear Strength: Refers to families in which violence has never occurred between caregivers, and all family members are encouraged to solve problems nonviolently. Also refers to families in which domestic violence has occurred but no longer occurs due to family's success in counseling and family actively discourages violence.

#### ***D. Family's Relationship with Community***

This sub-scale should be used when a family is participating in an activity or series of activities that either relate to the community or relate to involvement with the community.

##### **1. Family's knowledge of available human services**

\*\*This item refers to a family's level of knowledge regarding human services that are available within the community. (The individual child, parent, or family is referred to as "family" in the definitions).

(1) Weak Strength: The family is not familiar with the community and does not know about available human services located within the community. This FRC may be the first agency the family has come to for services. The family is interested in learning more about the available human services.

(2) Mild Strength: The family has some knowledge of the community and some knowledge regarding available human services located within the community. Family may have some knowledge of services because they have been mandated to participate in them (i.e. AA group, IFPS, health department for vaccines, etc). The family is interested in learning more about the available human services.

(3) Moderate Strength: The family has adequate knowledge about the community and adequate knowledge regarding available human services within the community. The family accesses human services as needed. The family is interested in increasing their knowledge about the available human services.

(4) Solid Strength: The family has good knowledge about the community and good knowledge regarding available human services within the community. The family accesses human services as needed, and the family knows where to get information regarding services they may need but have not yet accessed.

(5) Clear Strength: The family has excellent knowledge about the community and excellent knowledge regarding available human services within the community. The family accesses human services as needed, and has a network available to get additional information or resources if needed. The family is a source of information for other families within the community regarding available human services.

##### **2. Linkages between family and human services**

\*\*This item refers to knowledge and the contacts between the family and the community

(1) Weak Strength: The family lacks information about the community and community resources. The family has not yet had contact with community and human services. The family would like to establish contact with desired community and human services agencies.

(2) Mild Strength: The family has some information about the community and community resources. The family has had limited contact with community and human services. The family would like to establish contact with desired community and human services agencies.

(3) Moderate Strength: The family has adequate information about the community and community resources. The family is involved in community activities and accesses human services as needed. The family would like to expand their involvement with desired community and human services agencies.

(4) Solid Strength: The family has good information about the community and community resources. All family members are actively involved with the community and they access human services as needed. The family possesses information or knows where to get information on additional agencies that they may need to contact in the future.

(5) Clear Strength: The family has excellent knowledge about the community and community resources. All family members are actively involved with the community and all family members access community resources or human services as needed. The family possesses information or knows where to get information on additional agencies that they may need to contact in the future. The family serves as a resource and link between other families and community resources.

### **3. Relations between family and human services staff**

**\*\*This item refers to the nature of the relationship between a family and human services staff within the community, including the family support/resource program.**

(1) Weak Strength: The family has no relationship or a poor relationship with community and human service staff members and the family has little or no prior relationship with the family support/family resource program staff. The family would like to improve or develop relationships with community and/or human services staff, including the family support/family resource program staff members.

(2) Mild Strength: The family has some relationship with community and human services staff members and some relationship with the family support/family resource program staff. The family would like to further develop relationships with community and/or human services staff, including family support/family resource program staff members.

(3) Moderate Strength: The family has adequate and consistent relationships with community and human services staff, and adequate and consistent relationships with the family support/family resource program staff. The family would like to further develop relationships with community and/or human services staff, including family support/family resource program staff members.

(4) Solid Strength: The family has good and consistent relationships with community and human services staff, and good and consistent relationships with the family support/family resource program staff. The family is pleased with their level of involvement with community and/or human services staff and with their relationships with these staff members, including family support/family resource program staff.

(5) Clear Strength: The family has excellent and consistent relationships with community and human services staff and excellent and consistent relationships with the family support/family resource program staff. The family is pleased with their level of involvement with community and/or human services staff and with their relationships with these staff members, including family support/family resource program staff. The family acts as a resource to facilitate relationships between other families and community and/or human services staff.

### **4. Family's participation in FS program governance**

**\*\*This item refers to a family's involvement in the governance and administration of the family support/family resource program (i.e. board of directors etc.).**

(1) Weak Strength: The family is not involved in the governance and administration of the family support/family resource program. The family desires involvement in the governance and administration of the program.

(2) Mild Strength: The family has had limited involvement in the governance and administration of the family support/family resource program. The family desires greater involvement in the governance and administration of the program.

(3) Moderate Strength: The family has adequate involvement in the governance and administration of the family support/family resource program. The family desires greater involvement in the governance and administration of the program.

(4) Solid Strength: The family has had good involvement in the governance and administration of the family support/family resource program. Family support/family resource program staff and others have recognized the family for their involvement in the governance and administration of the program.

(5) Clear Strength: The family has had outstanding involvement in the governance and administration of the family support/family resource program. Family support/family resource program staff and others have recognized the family for their involvement in the governance and administration of the program. The family has actively encouraged other families to participate in the governance and administration of the program.

### ***E. Overall Individual Functioning***

This sub-scale should be used when an individual adult is participating in an activity or series of activities that pertain to his or her development as an individual. While the items are similar to the items on the "Overall Parent Functioning" sub-scale, this scale should only be used for individuals participating in activities that do not pertain to increased child, parent, or family functioning, but pertain mainly to the individual. The individual and staff member should use their best judgment to make this determination. These activities may include GED classes, budgeting workshops, employment skills courses or coursework, etc.

#### **1. Individual's skills, knowledge, and attitudes**

**\*\* This item refers to an individual's overall skills, knowledge and attitudes.**

(1) Weak Strength: Individual reports that he or she has limited skills and knowledge. He or she may not have completed high school or GED. Individual is "self-taught" and skilled, but he or she has not actively pursued further education or training opportunities in the past. Individual reports strict and rigid attitudes about certain topics. Individual is interested in pursuing further skills and knowledge development.

(2) Mild Strength: Individual reports that he or she has some varied skills or knowledge. He or she may have completed high school or GED. Individual may have developed skills and knowledge through school, training opportunities, and personal experience. Individual reports some strict and rigid attitudes about certain topics. Individual is interested in pursuing further skills and knowledge development.

(3) Moderate Strength: Individual reports that he or she has varied skills and knowledge. He or she may have completed high school or a GED. Individual may have developed skills and knowledge primarily through school and training opportunities. Individual reports some set attitudes about certain topics. Individual is interested in pursuing further skills and knowledge development and he or she is actively pursuing these opportunities. He or she also may have completed some college (a 2 year degree).

(4) **Solid Strength:** Individual reports that he or she has broad skills and knowledge. He or she may have completed high school or a GED. Individual may have developed skills and knowledge primarily through school and training opportunities. Individual reports flexible attitudes about certain topics. Individual is goal-oriented and actively pursuing further skills and knowledge development to further his or her specific goals. He or she also may have a four-year college degree.

(5) **Clear Strength:** Individual reports broad and varied skills and knowledge. He or she may have completed high school or a GED. Individual may have developed specialized skills and knowledge primarily school or training opportunities. Individual reports flexible attitudes about a number of topics. Individual is goal oriented, and actively pursuing further skills and knowledge development to further his or her specific goals. He or she actively encourages others to pursue further skills and knowledge development. He or also may have a graduate degree (Masters, Ph. D., J. D., etc.).

## **2. Individual's sense of support in parenting role**

\*\* This item refers to the sense of overall support an individual experiences from key others.

(1) **Weak Strength:** Individual occasionally feels supported by partner but experiences inconsistencies in support; individual experiences limited support and some negative support from extended family; parent reports having limited support network that he or she desires to expand (i.e. very few or no friends, neighbors, church and/or community friends).

(2) **Mild Strength:** Individual reports positive emotional and tangible support from partner but would like more support; individual experiences generally positive support from extended family; individual reports an adequate support network that he or she may want to expand (i. e. limited number of close friends, neighbors, church, and/or community friends).

(3) **Moderate Strength:** Individual reports positive emotional and tangible support from partner that is adequate; individual seeks out and receives positive support from extended family; individual reports having a strong support network (i. e., adequate number of close friends, neighbors, church, and/or community friends).

(4) **Solid Strength:** Individual reports strong and consistent emotional and tangible support from partner; individual seeks out and receives positive support from varied extended family; individual reports a strong and varied support network (i.e. close and casual friends, neighbors, church, and/or community friends).

(5) **Clear Strength:** Individual reports strong, consistent and reciprocal emotional and tangible support from partner; individual reports strong and reciprocal support from varied extended family; individual reports a large, strong, and varied support network (i.e. many close and casual friends, neighbors, church, and/or community friends).

## **3. Individual's physical health**

\*\* This item refers to an individual's overall physical health.

(1) **Weak Strength:** Individual has at least one acute or chronic disease, disability, or condition (i.e. severe asthma, diabetes, obesity, heart problems, multiple sclerosis, cancer, etc.) that impairs his/her functioning significantly. Individual reports few personal resources or tangible supports to deal effectively with this condition. Individual would like to increase his/her resources and supports.

(2) **Mild Strength:** Individual has at least one acute or chronic disease, disability, or condition (i.e. severe asthma, diabetes, obesity, heart problems, multiple sclerosis, cancer, etc.) that may impair his/her functioning. Some everyday activities are negatively affected by this condition, while other

activities are not. Individual has some personal resources and tangible supports to deal effectively with this condition. Individual would like to increase his/her resources and supports.

(3) Moderate Strength: Individual may or may not have an acute or chronic disease, disability, or condition (i.e. severe asthma, diabetes, obesity, heart problems, multiple sclerosis, cancer, etc.). If present, the condition rarely affects functioning. If not present, individual has good overall health and nutrition, although he or she participates sporadically in exercise. Individual has good personal resources and tangible supports to deal effectively if condition is present.

(4) Solid Strength: Individual has good overall health and nutrition. Individual participates regularly in exercise activities, and in maintaining good nutritional habits. Individual has good resources and tangible supports that encourage these positive habits.

(5) Clear Strength: Individual has excellent overall health and nutrition. Individual actively encourages regular physical activities and healthy eating habits of any children and partner. Individual participates by self, and with children and partner in regular exercise activities and in good eating habits. Individual has good personal resources and supports that encourage these positive habits.

#### **4. Individual's mental health**

\*\* This item refers to an individual's overall mental health.

(1) Weak Strength: Individual has at least one type of mental disability (i. e., depression, bipolar disorder, substance abuse, psychosis, etc.) that impairs his/her functioning significantly. Individual has few personal resources or tangible supports to deal effectively with this issue. Individual would like to increase his/her resources and supports.

(2) Mild Strength: Individual has at least one type of mental disability (i.e. depression, bipolar disorder, substance abuse, psychosis, etc.) that may impair his/her functioning occasionally. The issue may affect some everyday activities, while other activities are not. Individual has some personal resources or tangible supports to deal effectively with this issue. Individual would like to increase his/her resources and supports.

(3) Moderate Strength: Individual may or may not have a type of mental disability (i.e. depression, bipolar disorder, substance abuse, psychosis, etc.). If present, the issue rarely affects functioning. If not present, individual has good overall mental health, although he or she may be experiencing some type of psychological stress (i. e., job difficulties, a difficult family relationship, etc.). Individual has good resources or tangible supports to deal effectively with the issue or stress if present.

(4) Solid Strength: Individual has good overall mental health and self-esteem. Individual does not experience any type of mental disability and he or she is not experiencing any significant psychological stress. Individual has good personal resources or tangible supports that encourage positive mental health and self-esteem.

(5) Clear Strength: Individual has excellent overall mental health and self-esteem. Individual actively encourages building positive self-esteem and maintaining positive mental health with child and partner. Individual does not experience any type of mental disability and he or she is not experiencing any significant psychological stress. Individual has good personal resources or tangible supports that encourage these positive traits.

#### **5. Individual's educational attainment**

\*\* This item refers to an individual's level of education and training.

(1) Weak Strength: Individual has not completed high school or a GED. Individual is "self-taught" and skilled, but he or she has not actively pursued further education or training opportunities in the past. Individual is interested in increasing his or her education or training.

(2) Mild Strength: Individual has completed high school or a GED. Individual is "self-taught" and skilled. In the past, individual has actively pursued further education or training opportunities. Individual is interested in increasing his or her education or training.

(3) Moderate Strength: Individual has completed high school or a GED. In the past, individual has actively pursued further education or training opportunities. Individual is interested in increasing his or her education or training. He or she also may have completed some college (i.e. an Associate degree).

(4) Solid Strength: Individual has completed high school or a GED. In the past, individual has actively pursued further education or training opportunities. Individual is interested in increasing his or her education or training. He or she is currently pursuing new educational opportunities. He or she also may have completed a four-year college degree, and he or she may have completed some graduate level work.

(5) Clear Strength: Individual has completed high school or a GED. In the past, individual has actively pursued further education or training opportunities. Individual is interested in increasing his or her education or training. He or she also may encourage others to pursue continued education and he or she may help facilitate continuing education opportunities. Individual also may have completed a graduate degree (i.e. Masters degree, Ph. D., J. D., etc.).

## **6. Individual's leadership skills**

\*\* This item refers to an individual's leadership skills at home, work, or within the community

(1) Weak Strength: Individual sees self as a participant rather than as a leader at home, work, and/or community settings. Individual doesn't like to assume authority in different areas and prefers others to assume leadership roles. Individual likes role as a participant.

(2) Mild Strength: Individual sees self as a participant rather than as a leader at home, work, and/or community settings. Individual has not felt comfortable assuming authority but is willing to assume leadership roles. Individual likes role as a participant but may be interested in limited leadership roles.

(3) Moderate Strength: Individual has assumed roles as both a leader and as a participant at home, work, and/or in the community. Individual expresses some interest in assuming a broader range of leadership roles. Individual seeks increased leadership roles.

(4) Solid Strength: Individual has assumed a number of leadership roles at home, work, and/or community. Individual enjoys assuming an authority position. Individual seeks broader and deeper leadership roles.

(5) Clear Strength: Individual has assumed a number of leadership roles at home, work, and/or community, and is widely recognized by others for leadership. Individual enjoys assuming an authority position. Individual is recognized for excellent leadership skills and abilities.

## **7. Individual's participation in community groups and activities**

\*\* This item refers to an individual's level of involvement within the community.

(1) Weak Strength: Individual rarely participates in community groups and activities. If he or she participates, he/she views self as an outsider in community settings.

(2) Mild Strength: Individual participates in some community groups and activities. Individual prefers role as a participant in community groups and activities over role as a leader. Individual expresses some interest in participating in more community activities and/or groups.

(3) Moderate Strength: Individual participates in community groups and activities on a regular basis. Individual may have assumed some leadership roles in addition to his/her role as a participant in community groups and activities. Individual expresses interest in participating in more community groups and activities and/ or assuming leadership roles within community groups and activities.

(4) Solid Strength: Individual has assumed a number of leadership roles at home, work, and/or community. Individual enjoys assuming an authority position. Individual seeks broader and deeper leadership roles.

(5) Clear Strength: Individual has assumed a number of leadership roles at home, work, and/or community, and is widely recognized by others for leadership. Individual enjoys assuming an authority position. Individual is recognized for excellent leadership skills and abilities.

## **7. Individual's participation in community groups and activities**

\*\* This item refers to an individual's level of involvement within the community.

(1) Weak Strength: Individual rarely participates in community groups and activities. If he or she participates, he/she views self as an outsider in community settings.

(2) Mild Strength: Individual participates in some community groups and activities. Individual prefers role as a participant in community groups and activities over role as a leader. Individual expresses some interest in participating in more community activities and/or groups.

(3) Moderate Strength: Individual participates in community groups and activities on a regular basis. Individual may have assumed some leadership roles in addition to his/her role as a participant in community groups and activities. Individual expresses interest in participating in more community groups and activities and/ or assuming leadership roles within community groups and activities.

(4) Solid Strength: Individual participates in community groups and activities on a regular basis. Individual has assumed some leadership roles within community groups and activities. Individual may express some interest in assuming a broader range of leadership roles. Individual is a link between community groups and/or activities and members of their community.

(5) Clear Strength: Individual participates in community groups and activities very regularly. Individual has assumed a number of leadership roles within community groups and activities. Individual enjoys assuming an authority position in community settings. Individual is recognized for excellent leadership skills and activities within the community, and he/she is widely viewed as a community leader.

**Appendix E**  
**Statewide Distribution of Programs by Model of Service and County**  
(Note that all programs were re-bid between SFY 03/04 and 04/05)

County	FRC 03/04	FRC 04/05	FRC 05/06	Respite 03/04	Respite 04/05	Respite 05/06
Alamance						
Alexander						
Alleghany	X	X	X			
Anson						
Ashe	X					
Avery				X		
Beaufort						
Bertie	X	X	X		X	X
Bladen	X	X	X			
Brunswick	X	X	X			
Buncombe	X	X	X		X	X
Burke		X	X			
Cabarrus						
Caldwell						
Camden						
Cartaret	X	X	X			
Caswell						
Catawba						
Chatham						
Cherokee	X	X	X	X	X	X
Chowan						
Clay				X	X	X
Cleveland	X					
Columbus		X	X			
Craven						
Cumberland						
Currituck						
Dare						
Davidson	X					
Davie					X	X
Duplin						
Durham	X					
Edgecombe	X	X	X			
Forsyth	X	X	X	X	X	X
Franklin						
Gaston	X	X	X			
Gates	X					
Graham	X	X	X	X	X	X
Granville						
Greene						
Guilford	X	X	X	X	X	X
Halifax						
Hamett						
Haywood	X			X	X	X
Henderson						
Hertford						
Hoke						
Hyde	X	X	X			
Iredell						
Jackson	X	X	X	X	X	X

County	FRC 03/04	FRC 04/05	FRC 05/06	Respite 03/04	Respite 04/05	Respite 05/06
Johnston						
Jones						
Lee						
Lenoir						
Lincoln						
Macon				X	X	X
Madison				X	X	X
Martin	X	X	X			
McDowell	X	X	X			
Mecklenburg	X					
Mitchell					X	X
Montgomery						
Moore	X	X	X			
Nash	X	X	X			
New Hanover						
Northampton	X					
Onslow						
Orange	X	X	X			
Pamlico						
Pasquotank						
Pender						
Perquimans						
Person						
Pitt	X					
Polk						
Randolph						
Richmond	X			X		
Robeson	X	X	X			
Rockingham						
Rowan						
Rutherford						
Sampson						
Scotland		X				
Stanly						
Stokes					X	X
Surry						
Swain	X	X	X	X	X	X
Transylvania	X	X	X			
Tyrrell	X	X	X			
Union						
Vance	X	X	X			
Wake	X	X	X			
Warren	X	X	X			
Washington						
Watauga						
Wayne	X	X	X			
Wilkes						
Wilson						
Yadkin						
Yancey					X	X



## Appendix F - Program Funding Amount and Source (by County)

County and Program Name(s)	Funding Source and Amount		
	IVB-2	State	CB-CAP
<b>Family Resource Centers</b>			
<b>Alleghany County</b>	\$100,000		
Alleghany FRC			
<b>Bertie County</b>	\$100,000		
Bertie FRC			
<b>Bertie County</b>			\$100,000
Bertie County Healthy Marriages ( <i>Special Initiative</i> )			
<b>Bladen County</b>	\$100,000		
Bladen FRC			
<b>Brunswick County</b>	\$100,000		
Brunswick CIS			
Brunswick Teen Family Development			
<b>Buncombe County</b>	\$100,000		
The Family Room			
Emma FRC			
<b>Burke County</b>		\$100,000	
Glen Alpine School			
Hillcrest School			
<b>Cartaret County</b>	\$100,000		
ACORN Center			
<b>Cherokee County</b>	\$100,000		
Cherokee FRC			
<b>Columbus County</b>	\$100,000		
Family CHAMPIONS			
<b>Edgecombe/Nash County – 2 contracts</b>	\$200,000		
Down East Partnership			
Community Enrichment Organization			
Williford FRC			
<b>Edgecombe County - 2 contracts</b>	\$100,000		\$100,000
HUG FRC			
HUG Faith Based ( <i>Special Initiative</i> )			
<b>Forsyth County</b>		\$100,000	
Winston-Salem State University			
<b>Gaston County</b>		\$100,000	
Highland FRC			
<b>Graham County</b>	\$40,000*		
Graham FRC			
<b>Guilford County</b>	\$12,500**		
First Farmington FRC			
<b>Hyde County</b>	\$100,000		
Hyde FRC			
<b>Jackson County</b>	\$100,000		
Jackson FRC			
<b>Jackson County</b>			
DADS Fatherhood Program ( <i>Special Initiative</i> )			\$75,000
<b>Martin County</b>	\$100,000		
Friends of Families Family Support			
<b>McDowell County</b>	\$100,000		
North Cove Family Network			
Old Fort Family Center			
<b>Moore County</b>		\$100,000	
Northern Moore FRC			

County and Program Name	Funding Source and Amount		
	IVB-2	State	CB-CAP
<b>Orange County</b>			\$100,000
South Estes FRC			
Trinity/Pritchard FRC			
<b>Robeson County</b>		\$100,000	
Saddletree FRC			
Lumberton FRC			
Pembroke FRC			
Red Springs FRC			
<b>Swain County</b>	\$100,000		
Swain County Career Club			
<b>Transylvania County</b>		\$100,000	
The Family Center			
<b>Tyrrell County</b>	\$100,000		
Friends of Family Resource Center			
<b>Vance County</b>	\$100,000		
South Henderson FRC			
<b>Wake County</b>	\$100,000		
Raleigh FRC			
<b>Warren County</b>	\$100,000		
Warren Family Institute			
<b>Wayne County</b>	\$100,000		
Wayne County First Steps			
<b>Respite Programs</b>			
<b>Bertie County</b>			
Bertie County Respite			\$30,000
<b>Buncombe County ++</b>			\$30,000
Caring for Children			
<b>Forsyth County +++</b>			\$30,000
Exchange Club			
<b>Guilford County</b>			\$30,000
Youth Focus			
Children's Home Society			
<b>Jackson County ++++</b>			\$60,000
Jackson County Respite – 2 contracts			

Counties indicated with an (+) also serve additional counties. See below for a listing of those counties.

+ Also serves Buncombe, Cherokee, Clay, Graham, Haywood, Henderson, Macon, Madison, Swain & Transylvania counties.

++ Also serves Madison, Mitchell, & Yancey counties

+++ Also serves Davie & Stokes counties

++++ Also serves Cherokee, Clay, Graham, Haywood, Macon, & Swain counties

\* The remainder of this contract funds a subcontract for Family Preservation

\*\* This contract is primarily for a Intensive Family Preservation with the FRC representing a subcontract.

## Appendix G – FRC/Respite Sites – Service Types Offered

### Family Resource Centers

<b>Alleghany County</b>	\$100,000 IVB-2			
<b>Alleghany County Family Resource</b>	Individualized Activities		Summarized Activities	
<b>Participant/Sessions and Participants by Service Type</b>	Number	Percent	Number	Percent
Academic Success Programs/Tutoring	984	66.70%	0	0.00%
Child Development	87	5.90%	0	0.00%
Family Education and/or Skill Training	157	10.60%	0	0.00%
Information & Referral, Resource Linkage	0	0.00%	205	37.30%
Other	0	0.00%	14	2.60%
Parent/Child Participation programs	247	16.70%	330	60.10%
<b>TOTAL</b>	<b>1475</b>	<b>100%</b>	<b>549</b>	<b>100%</b>

<b>Bertie County</b>	\$100,000 IVB-2			
<b>Bertie County Family Resource Center</b>	Individualized Activities		Summarized Activities	
<b>Participant/Sessions and Participants by Service Type</b>	Number	Percent	Number	Percent
Academic Success Programs/Tutoring	4237	33.20%	539	9.10%
Academic Success/Tutoring	0	0.00%	189	3.20%
Adult Education	1347	10.60%	324	5.40%
Faith-Based Programs	0	0.00%	1180	19.80%
Family Education and/or Skill Training	3002	23.50%	141	2.40%
Family Reunification	26	0.20%	0	0.00%
Health Education	0	0.00%	151	2.50%
Healthy Marriages	0	0.00%	1196	20.10%
HIV Education	0	0.00%	86	1.40%
Information & Referral, Resource Linkage	0	0.00%	193	3.20%
Leadership Development	4114	32.20%	0	0.00%
Occupational Skills/Job Readiness/Job Placement	38	0.30%	105	1.80%
Other	0	0.00%	14	0.20%
Parent/Child Participation programs	0	0.00%	770	13.00%
Respite Care	0	0.00%	1061	17.80%
<b>TOTAL</b>	<b>12764</b>	<b>100%</b>	<b>5949</b>	<b>100%</b>

<b>Bertie County</b>	\$100,000 CB-CAP			
<b>Bertie County Healthy Marriages</b>	Individualized Activities		Summarized Activities	
<b>Participant/Sessions and Participants by Service Type</b>	Number	Percent	Number	Percent
Academic Success Programs/Tutoring	0	0.00%	221	6.60%
Academic Success/Tutoring	0	0.00%	25	0.70%
Adult Education	0	0.00%	112	3.30%
Faith-Based Programs	0	0.00%	822	24.50%
Family Education and/or Skill Training	990	10.70%	102	3.10%
Family Reunification	180	2.00%	0	0.00%
Health Education	94	1.00%	53	1.60%
Healthy Marriages	7845	85.00%	975	29.10%
HIV Education	117	1.30%	188	5.60%
Information & Referral, Resource Linkage	0	0.00%	92	2.80%
Occupational Skills/Job Readiness/Job Placement	0	0.00%	30	0.90%
Parent/Child Participation programs	0	0.00%	339	10.10%
Respite Care	0	0.00%	396	11.80%
<b>TOTAL</b>	9226	100%	3355	100%

<b>Bladen County</b>	\$100,000 IVB-2			
<b>Bladen Family Support Initiative</b>	Individualized Activities		Summarized Activities	
<b>Participant/Sessions and Participants by Service Type</b>	Number	Percent	Number	Percent
Academic Success Programs/Tutoring	2509	56.60%	0	0.00%
Child Development	247	5.60%	1425	16.50%
Family Education and/or Skill Training	0	0.00%	45	0.50%
Health Education	178	4.00%	0	0.00%
Information & Referral, Resource Linkage	0	0.00%	2342	27.10%
Other	0	0.00%	4835	55.90%
Parent/Child Participation programs	307	6.90%	10	0.10%
Self Sufficiency	48	1.10%	0	0.00%
Service Coordination	1141	25.80%	0	0.00%
<b>TOTAL</b>	4430	100%	8657	100%

<b>Brunswick County – 2 Sites</b>	\$100,000 IVB-2			
<b>Communities in Schools FRC</b>	Individualized Activities		Summarized Activities	
<b>Participant/Sessions and Participants by Service Type</b>	Number	Percent	Number	Percent
Academic Success Programs/Tutoring	8463	67.90%	337	6.70%
Adoption Promotion and Support	0	0.00%	17	0.30%
Adult Education	0	0.00%	4	0.10%
Case Management	0	0.00%	2	0.00%
Child Development	0	0.00%	7	0.10%
Child and Youth Development	0	0.00%	4	0.10%
Family Education and/or Skill Training	1384	11.10%	164	3.30%
Family Reunification	0	0.00%	44	0.90%
Health Education	0	0.00%	2162	43.30%
HIV Education	0	0.00%	89	1.80%
Information & Referral, Resource Linkage	0	0.00%	633	12.70%
Leadership Development	0	0.00%	4	0.10%
Occupational Skills/Job Readiness/Job Placement	0	0.00%	10	0.20%
Other	0	0.00%	254	5.10%
Parent Education	0	0.00%	1	0.00%
Parent/Child Participation programs	2612	21.00%	36	0.70%
Self Sufficiency	0	0.00%	64	1.30%
Service Coordination	0	0.00%	1138	22.80%
Service Coordination/Case Management	0	0.00%	22	0.50%
<b>TOTAL</b>	<b>12459</b>	<b>100%</b>	<b>4992</b>	<b>100%</b>

<b>Brunswick Co. PFC-Teen Fam. Dev.</b>	Individualized Activities		Summarized Activities	
<b>Participant/Sessions and Participants by Service Type</b>	Number	Percent	Number	Percent
Family Education and/or Skill Training	944	97.40%	0	0.00%
Occupational Skills/Job Readiness/Job Placement	25	2.60%	0	0.00%
<b>TOTAL</b>	<b>969</b>	<b>100%</b>	<b>0</b>	<b>0%</b>

<b>Buncombe County - 2 Sites</b>	\$100,000 IVB-2			
<b>The Family Room</b>	Individualized Activities		Summarized Activities	
<b>Participant/Sessions and Participants by Service Type</b>	Number	Percent	Number	Percent
Academic Success Programs/Tutoring	1402	75.30%	35	3.90%
Case Management	45	2.40%	0	0.00%
Child Development	0	0.00%	665	74.00%
Client Advocacy	32	1.70%	0	0.00%
Information & Referral, Resource Linkage	11	0.60%	25	2.80%
Leadership Development	64	3.40%	0	0.00%
Occupational Skills/Job Readiness/Job Placement	3	0.20%	0	0.00%
Other	4	0.20%	0	0.00%
Self Sufficiency	10	0.50%	0	0.00%
Service Coordination	292	15.70%	174	19.40%
<b>TOTAL</b>	<b>1863</b>	<b>100%</b>	<b>899</b>	<b>100%</b>

<b>Emma Family Resource Center</b>	Individualized Activities		Summarized Activities	
<b>Participant/Sessions and Participants by Service Type</b>	Number	Percent	Number	Percent
Academic Success Programs/Tutoring	880	58.30%	0	0.00%
Case Management	194	12.90%	0	0.00%
Child Development	0	0.00%	108	3.60%
Fatherhood	9	0.60%	0	0.00%
Health Education	0	0.00%	9	0.30%
Individual or Family Counseling	0	0.00%	12	0.40%
Information & Referral, Resource Linkage	0	0.00%	547	18.20%
Leadership Development				
	201	13.30%	14	0.50%
Occupational Skills/Job Readiness/Job Placement	0	0.00%	4	0.10%
Other	48	3.20%	2262	75.00%
Parent/Child Participation programs	110	7.30%	50	1.70%
Self Sufficiency	67	4.40%	8	0.30%
<b>TOTAL</b>	<b>1509</b>	<b>100%</b>	<b>3014</b>	<b>100%</b>

<b>Burke County – 2 Sites</b>	\$100,000 State			
<b>Glen Alpine School</b>	Individualized Activities		Summarized Activities	
<b>Participant/Sessions and Participants by Service Type</b>	Number	Percent	Number	Percent
Academic Success Programs/Tutoring	26	6.50%	2	0.60%
Family Education and/or Skill Training	327	81.80%	0	0.00%
Individual or Family Counseling	18	4.50%	34	8.70%
Information & Referral, Resource Linkage	0	0.00%	46	11.80%
Leadership Development	0	0.00%	16	4.10%
Parent/Child Participation programs	1	0.20%	40	10.10%
Service Coordination	28	7.00%	250	63.40%
Service Coordination/Case Management	0	0.00%	5	1.40%
<b>TOTAL</b>	<b>400</b>	<b>100%</b>	<b>393</b>	<b>100%</b>

<b>Hillcrest School</b>	Individualized Activities		Summarized Activities	
<b>Participant/Sessions and Participants by Service Type</b>	Number	Percent	Number	Percent
Academic Success Programs/Tutoring	1	0.20%	8	0.50%
Client Advocacy	1	0.20%	0	0.00%
Family Education and/or Skill Training	378	58.70%	0	0.00%
Individual or Family Counseling	37	5.70%	211	13.10%
Information & Referral, Resource Linkage	15	2.30%	337	21.00%
Leadership Development	3	0.50%	0	0.00%
Other	10	1.60%	280	17.50%
Parent/Child Participation programs	10	1.60%	0	0.00%
Service Coordination	189	29.30%	768	47.90%
<b>TOTAL</b>	<b>644</b>	<b>100%</b>	<b>1604</b>	<b>100%</b>

<b>Cartaret County</b>	\$100,000 IVB-2			
<b>ACORN Center for Families</b>	Individualized Activities		Summarized Activities	
<b>Participant/Sessions and Participants by Service Type</b>	Number	Percent	Number	Percent
Academic Success Programs/Tutoring	918	99.20%	0	0.00%
Client Advocacy	0	0.00%	16	3.50%
Family Education and/or Skill Training	0	0.00%	22	4.70%
Family Reunification	0	0.00%	110	24.10%
Health Education	0	0.00%	18	4.10%
Individual or Family Counseling	6	0.60%	0	0.00%
Information & Referral, Resource Linkage	0	0.00%	211	46.30%
Other	0	0.00%	18	4.10%
Parent/Child Participation programs	1	0.10%	60	13.30%
<b>TOTAL</b>	<b>925</b>	<b>100%</b>	<b>455</b>	<b>100%</b>

<b>Cherokee County</b>	\$100,000 IVB-2			
<b>Cherokee County FRC</b>	Individualized Activities		Summarized Activities	
<b>Participant/Sessions and Participants by Service Type</b>	Number	Percent	Number	Percent
Academic Success Programs/Tutoring	11	0.30%	199	2.20%
Adult Education	2	0.10%	226	2.50%
Case Management	1958	55.20%	8	0.10%
Child Development	88	2.50%	224	2.50%
Client Advocacy	2	0.10%	0	0.00%
Faith-Based Programs	185	5.20%	163	1.80%
Family Education and/or Skill Training	126	3.50%	336	3.80%
Family Reunification	6	0.20%	98	1.10%
Fatherhood	4	0.10%	13	0.10%
Health Education	0	0.00%	70	0.80%
Healthy Marriages	2	0.10%	22	0.20%
HIV Education	1	0.00%	0	0.00%
Individual or Family Counseling	1	0.00%	0	0.00%
Information & Referral, Resource Linkage	545	15.40%	3942	44.30%
Leadership Development	1	0.00%	0	0.00%
Occupational Skills/Job Readiness/Job Placement	0	0.00%	2	0.00%
Other	25	0.70%	433	4.90%
Parent Support Group	0	0.00%	28	0.30%
Parent/Child Participation programs	574	16.20%	2386	26.80%
Respite Care	4	0.10%	0	0.00%
Self Sufficiency	12	0.30%	30	0.30%
Service Coordination	3	0.10%	714	8.00%
Service Coordination/Case Management	0	0.00%	7	0.10%
<b>TOTAL</b>	<b>3550</b>	<b>100%</b>	<b>8901</b>	<b>100%</b>

<b>Columbus County</b>	\$100,000 IVB-2			
<b>Columbus Family CHAMPIONS</b>	Individualized Activities		Summarized Activities	
<b>Participant/Sessions and Participants by Service Type</b>	Number	Percent	Number	Percent
Academic Success Programs/Tutoring	194	100.00%	70	0.90%
Adoption Promotion and Support	0	0.00%	7	0.10%
Adult Education	0	0.00%	32	0.40%
Child Development	0	0.00%	630	7.70%
Child and Youth Development	0	0.00%	237	2.90%
Family Education and/or Skill Training	0	0.00%	307	3.80%
Health Education	0	0.00%	410	5.00%
Individual or Family Counseling		0.00%	277	3.40%
Information & Referral, Resource Linkage	0	0.00%	936	11.40%
Occupational Skills/Job Readiness/Job Placement	0	0.00%	146	1.80%
Other	0	0.00%	4606	56.30%
Parent Education	0	0.00%	18	0.20%
Parent/Child Participation programs	0	0.00%	307	3.80%
Respite Care	0	0.00%	26	0.30%
Self Sufficiency	0	0.00%	171	2.10%
Service Coordination	0	0.00%	7	0.10%
<b>TOTAL</b>	<b>194</b>	<b>100%</b>	<b>8187</b>	<b>100%</b>

<b>Edgecombe/Nash Counties – 4 Sites</b>	2 Contracts Each: \$100,000 IVB-2			
<b>Community Enrichment Organization</b>	Individualized Activities		Summarized Activities	
<b>Participant/Sessions and Participants by Service Type</b>	Number	Percent	Number	Percent
Academic Success Programs/Tutoring	7726	100.00%	0	0.00%
HIV Education	0	0.00%	57	3.20%
Information & Referral, Resource Linkage	0	0.00%	1120	63.60%
Leadership Development	0	0.00%	6	0.30%
Other	0	0.00%	44	2.50%
Service Coordination	0	0.00%	409	23.20%
Service Coordination/Case Management	0	0.00%	125	7.10%
<b>TOTAL</b>	<b>7726</b>	<b>100%</b>	<b>1761</b>	<b>100%</b>

<b>Williford Family Resource Center</b>	Individualized Activities		Summarized Activities	
<b>Participant/Sessions and Participants by Service Type</b>	Number	Percent	Number	Percent
Academic Success Programs/Tutoring	2058	42.90%	0	0.00%
Adult Education	765	15.90%	0	0.00%
Faith-Based Programs	31	0.60%	0	0.00%
Family Education and/or Skill Training	1943	40.50%	0	0.00%
Health Education	0	0.00%	120	55.00%
Information & Referral, Resource Linkage	0	0.00%	9	4.10%
Other	0	0.00%	19	8.70%
Parent/Child Participation programs	0	0.00%	70	32.10%
<b>TOTAL</b>	<b>4797</b>	<b>100%</b>	<b>218</b>	<b>100%</b>



<b>Down East Partnership for Children</b>	Individualized Activities		Summarized Activities	
<b>Participant/Sessions and Participants by Service Type</b>	Number	Percent	Number	Percent
Family Education and/or Skill Training	446	68.00%	121	20.40%
Information & Referral, Resource Linkage	0	0.00%	303	51.30%
Leadership Development	210	32.00%	128	21.70%
Other	0	0.00%	8	1.40%
Parent/Child Participation programs	0	0.00%	20	3.50%
Self Sufficiency	0	0.00%	11	1.80%
<b>TOTAL</b>	<b>656</b>	<b>100%</b>	<b>591</b>	<b>100%</b>

<b>HUG Inc. FRC</b>	Individualized Activities		Summarized Activities	
<b>Participant/Sessions and Participants by Service Type</b>	Number	Percent	Number	Percent
Academic Success Programs/Tutoring	3290	100.00%	16	100.00%
<b>TOTAL</b>	<b>3290</b>	<b>100%</b>	<b>0</b>	<b>0%</b>

<b>HUG Inc. Faith Based</b>	Individualized Activities		Summarized Activities	
<b>Participant/Sessions and Participants by Service Type</b>	Number	Percent	Number	Percent
Academic Success Programs/Tutoring	11235	100.00%	0	0
<b>TOTAL</b>	<b>11235</b>	<b>100%</b>	<b>0</b>	<b>0%</b>

<b>Forsyth County</b>	\$100,000 State			
<b>WSSU FRC</b>	Individualized Activities		Summarized Activities	
<b>Participant/Sessions and Participants by Service Type</b>	Number	Percent	Number	Percent
Academic Success Programs/Tutoring	44	3.80%	0	0.00%
Child Development	28	2.40%	0	0.00%
Health Education	60	5.10%	0	0.00%
HIV Education	10	0.90%	0	0.00%
Information & Referral, Resource Linkage	0	0.00%	105	100.00%
Other	1024	87.80%	0	0.00%
<b>TOTAL</b>	<b>1166</b>	<b>100%</b>	<b>105</b>	<b>100%</b>

<b>Gaston County</b>	\$100,000 State			
<b>Highland Family Resource Center, Inc.</b>	Individualized Activities		Summarized Activities	
<b>Participant/Sessions and Participants by Service Type</b>	Number	Percent	Number	Percent
Academic Success Programs/Tutoring	2527	40.50%	0	0.00%
Adoption Promotion and Support	1	0.00%	0	0.00%
Adult Education	1798	28.80%	0	0.00%
Child Development	359	5.80%	0	0.00%
Family Education and/or Skill Training	637	10.20%	8	17.30%
Health Education	1	0.00%	36	80.40%
Individual or Family Counseling	90	1.40%	0	0.00%
Information & Referral, Resource Linkage	77	1.20%	0	0.00%
Leadership Development	0	0.00%	1	2.20%
Occupational Skills/Job Readiness/Job Placement	744	11.90%	0	0.00%
<b>TOTAL</b>	<b>6234</b>	<b>100%</b>	<b>45</b>	<b>100%</b>

<b>Graham County</b>	\$40,000 IVB-2			
<b>Graham County Family Resource Center</b>	Individualized Activities		Summarized Activities	
<b>Participant/Sessions and Participants by Service Type</b>	Number	Percent	Number	Percent
Academic Success Programs/Tutoring	182	46.30%	168	11.60%
Adult Education	5	1.30%	0	0.00%
Case Management	14	3.60%	0	0.00%
Child Development	0	0.00%	171	11.80%
Family Education and/or Skill Training	27	6.90%	0	0.00%
Information & Referral, Resource Linkage	0	0.00%	5	0.30%
Leadership Development	0	0.00%	12	0.80%
Other	0	0.00%	30	2.10%
Parent/Child Participation programs	165	42.00%	1056	73.20%
<b>TOTAL</b>	<b>393</b>	<b>100%</b>	<b>1442</b>	<b>100%</b>

<b>Guilford County</b>	\$12,500 IVB-2			
<b>First Farmington</b>	Individualized Activities		Summarized Activities	
<b>Participant/Sessions and Participants by Service Type</b>	Number	Percent	Number	Percent
Academic Success Programs/Tutoring	4349	87.30%	0	0.00%
Academic Success/Tutoring	0	0.00%	12	1.00%
Adoption Promotion and Support	20	0.40%	0	0.00%
Family Education and/or Skill Training	34	0.70%	10	0.90%
Health Education	0	0.00%	16	1.40%
HIV Education	0	0.00%	30	2.60%
Information & Referral, Resource Linkage	0	0.00%	518	45.00%
Leadership Development	189	3.80%	24	2.10%
Occupational Skills/Job Readiness/Job Placement	16	0.30%	0	0.00%
Other	376	7.50%	466	40.50%
Service Coordination	0	0.00%	74	6.50%
<b>TOTAL</b>	<b>4984</b>	<b>100%</b>	<b>1150</b>	<b>100%</b>

<b>Hyde County</b>	\$100,000 IVB-2			
<b>Ocracoke Island FRC</b>	Individualized Activities		Summarized Activities	
<b>Participant/Sessions and Participants by Service Type</b>	Number	Percent	Number	Percent
Academic Success Programs/Tutoring	3113	85.70%	77	4.10%
Academic Success/Tutoring	0	0.00%	8	0.40%
Adult Education	4	0.10%	8	0.40%
Child Development	39	1.10%	267	14.10%
Child and Youth Development	0	0.00%	107	5.60%
Faith-Based Programs	122	3.40%	3	0.10%
Family Education and/or Skill Training	124	3.40%	104	5.50%
Fatherhood	0	0.00%	22	1.20%
Health Education	183	5.00%	51	2.70%
Individual or Family Counseling	0	0.00%	3	0.10%
Information & Referral, Resource Linkage	0	0.00%	136	7.20%
Leadership Development	0	0.00%	304	16.00%
Occupational Skills/Job Readiness/Job Placement	6	0.20%	12	0.60%
Other	41	1.10%	130	6.80%
Parent Education	0	0.00%	10	0.50%
Parent/Child Participation programs	0	0.00%	628	33.10%
Self Sufficiency	0	0.00%	9	0.50%
Service Coordination	0	0.00%	19	1.00%
<b>TOTAL</b>	<b>3632</b>	<b>100%</b>	<b>1898</b>	<b>100%</b>

<b>Jackson County (also serves Buncombe, Cherokee, Clay, Graham, Haywood, Henderson, Macon, Madison, Swain, Transylvania)</b>	None			
<b>Mountain Youth Resources Fatherhood</b>	Individualized Activities		Summarized Activities	
<b>Participant/Sessions and Participants by Service Type</b>	Number	Percent	Number	Percent
Academic Success Programs/Tutoring	0	0.00%	1	0.20%
Adult Education	0	0.00%	1	0.20%
Child Development	0	0.00%	1	0.20%
Family Reunification	0	0.00%	2	0.30%
Fatherhood	0	0.00%	594	97.10%
Healthy Marriages	0	0.00%	2	0.30%
Individual or Family Counseling	0	0.00%	2	0.30%
Leadership Development	0	0.00%	2	0.30%
Occupational Skills/Job Readiness/Job Placement	0	0.00%	2	0.30%
Parent/Child Participation programs	0	0.00%	2	0.30%
Self Sufficiency	0	0.00%	2	0.30%
Service Coordination	0	0.00%	1	0.20%
<b>TOTAL</b>	<b>0</b>	<b>0%</b>	<b>612</b>	<b>100%</b>

<b>Jackson County</b>	\$100,000 IVB-2			
<b>Jackson County Family Resource Center</b>	Individualized Activities		Summarized Activities	
<b>Participant/Sessions and Participants by Service Type</b>	Number	Percent	Number	Percent
Academic Success Programs/Tutoring	813	76.00%	20	0.30%
Adult Education	0	0.00%	804	10.30%
Case Management	0	0.00%	294	3.80%
Child Development	0	0.00%	1287	16.50%
Faith-Based Programs	0	0.00%	2383	30.60%
Family Education and/or Skill Training	232	21.70%	508	6.50%
Family Reunification	0	0.00%	11	0.10%
Information & Referral, Resource Linkage	0	0.00%	1253	16.10%
Other	0	0.00%	402	5.20%
Parent/Child Participation programs	25	2.30%	70	0.90%
Self Sufficiency	0	0.00%	503	6.50%
Service Coordination	0	0.00%	252	3.20%
<b>TOTAL</b>	<b>1070</b>	<b>100%</b>	<b>7787</b>	<b>100%</b>

<b>Martin County</b>	\$100,000 IVB-2			
<b>Friends of Families/Family Support Service - Martin</b>	Individualized Activities		Summarized Activities	
<b>Participant/Sessions and Participants by Service Type</b>	Number	Percent	Number	Percent
Academic Success Programs/Tutoring	784	48.80%	0	0.00%
Client Advocacy	6	0.40%	0	0.00%
Family Education and/or Skill Training	284	17.70%	16	2.00%
Family Reunification	88	5.50%	0	0.00%
Fatherhood	43	2.70%	0	0.00%
Health Education	0	0.00%	62	7.60%
HIV Education	0	0.00%	116	14.20%
Information & Referral, Resource Linkage	0	0.00%	207	25.30%
Other	0	0.00%	176	21.50%
Parent Support Group	0	0.00%	5	0.60%
Parent/Child Participation programs	0	0.00%	234	28.60%
Self Sufficiency	7	0.40%	3	0.40%
Service Coordination	396	24.60%	0	0.00%
<b>TOTAL</b>	<b>1608</b>	<b>100%</b>	<b>819</b>	<b>100%</b>

<b>McDowell County – 2 Sites</b>	\$100,000 IVB-2			
<b>North Cove Family Network</b>	Individualized Activities		Summarized Activities	
<b>Participant/Sessions and Participants by Service Type</b>	Number	Percent	Number	Percent
Academic Success Programs/Tutoring	2499	100.00%	0	0.00%
Parent/Child Participation programs	0	0.00%	136	24.60%
Service Coordination	0	0.00%	417	75.40%
<b>TOTAL</b>	<b>2499</b>	<b>100%</b>	<b>553</b>	<b>100%</b>

<b>Old Fort Family Center</b>	Individualized Activities		Summarized Activities	
<b>Participant/Sessions and Participants by Service Type</b>	Number	Percent	Number	Percent
Academic Success Programs/Tutoring	2	0.10%	0	0.00%
Case Management	104	4.20%	0	0.00%
Child Development	1729	69.70%	21	4.10%
Child and Youth Development	0	0.00%	44	8.60%
Leadership Development	0	0.00%	211	41.30%
Other	180	7.30%	9	1.80%
Parent/Child Participation programs	464	18.70%	226	44.20%
<b>TOTAL</b>	<b>2479</b>	<b>100%</b>	<b>511</b>	<b>100%</b>

<b>Moore County</b>	\$100,000 State			
<b>Northern Moore Family Resource Center</b>	Individualized Activities		Summarized Activities	
<b>Participant/Sessions and Participants by Service Type</b>	Number	Percent	Number	Percent
Academic Success Programs/Tutoring	138	43.00%	3	2.10%
Adult Education	0	0.00%	6	4.30%
Child Development	183	57.00%	0	0.00%
Family Education and/or Skill Training	0	0.00%	9	6.10%
Other	0	0.00%	123	87.50%
<b>TOTAL</b>	<b>321</b>	<b>100%</b>	<b>141</b>	<b>100%</b>

<b>Orange County – 2 Sites</b>	\$100,000 CB-CAP			
<b>Trinity/Pritchard FRC</b>	Individualized Activities		Summarized Activities	
<b>Participant/Sessions and Participants by Service Type</b>	Number	Percent	Number	Percent
Academic Success Programs/Tutoring	1722	91.00%	0	0.00%
Child Development	170	9.00%	125	12.50%
Family Education and/or Skill Training	0	0.00%	35	3.50%
Health Education	0	0.00%	809	81.10%
Information & Referral, Resource Linkage	0	0.00%	8	0.80%
Leadership Development	0	0.00%	14	1.40%
Parent/Child Participation programs	0	0.00%	7	0.70%
<b>TOTAL</b>	<b>1892</b>	<b>100%</b>	<b>998</b>	<b>100%</b>

<b>South Estes FRC</b>	Individualized Activities		Summarized Activities	
<b>Participant/Sessions and Participants by Service Type</b>	Number	Percent	Number	Percent
Academic Success Programs/Tutoring	2642	99.80%	128	12.40%
Adult Education	4	0.20%	0	0.00%
Child Development	0	0.00%	235	22.70%
Client Advocacy	0	0.00%	4	0.40%
Family Education and/or Skill Training	0	0.00%	3	0.30%
Health Education	0	0.00%	534	51.60%
Information & Referral, Resource Linkage	0	0.00%	18	1.70%
Leadership Development	0	0.00%	76	7.30%
Parent/Child Participation programs	0	0.00%	13	1.30%
Self Sufficiency	0	0.00%	11	1.00%
Service Coordination	0	0.00%	13	1.30%
<b>TOTAL</b>	<b>2646</b>	<b>100%</b>	<b>1035</b>	<b>100%</b>

<b>Robeson County – 4 Sites</b>	\$100,000 State			
<b>Saddletree FRC</b>	Individualized Activities		Summarized Activities	
<b>Participant/Sessions and Participants by Service Type</b>	Number	Percent	Number	Percent
Academic Success Programs/Tutoring	157	5.60%	0	0.00%
Adult Education	189	6.70%	0	0.00%
Parent/Child Participation programs	2465	87.70%	0	0.00%
<b>TOTAL</b>	<b>2811</b>	<b>100%</b>	<b>0</b>	<b>0%</b>

<b>Lumberton FRC</b>	Individualized Activities		Summarized Activities	
<b>Participant/Sessions and Participants by Service Type</b>	Number	Percent	Number	Percent
Adult Education	92	7.50%	0	0.00%
Health Education	63	5.10%	0	0.00%
Parent/Child Participation programs	1072	87.40%	0	0.00%
<b>TOTAL</b>	<b>1227</b>	<b>100%</b>	<b>0</b>	<b>0%</b>

<b>Pembroke FRC</b>	Individualized Activities		Summarized Activities	
<b>Participant/Sessions and Participants by Service Type</b>	Number	Percent	Number	Percent
Academic Success Programs/Tutoring	103	5.90%	0	0.00%
Adult Education	120	6.90%	0	0.00%
Parent/Child Participation programs	1525	87.20%	0	0.00%
<b>TOTAL</b>	<b>1748</b>	<b>100%</b>	<b>0</b>	<b>0%</b>

<b>Red Springs FRC</b>	Individualized Activities		Summarized Activities	
<b>Participant/Sessions and Participants by Service Type</b>	Number	Percent	Number	Percent
Academic Success Programs/Tutoring	117	46.10%	0	0.00%
Adult Education	137	53.90%	0	0.00%
<b>TOTAL</b>	<b>254</b>	<b>100%</b>	<b>0</b>	<b>0%</b>

<b>Swain County</b>	\$100,000 IVB-2			
<b>Swain County Career Club</b>	Individualized Activities		Summarized Activities	
<b>Participant/Sessions and Participants by Service Type</b>	Number	Percent	Number	Percent
Academic Success Programs/Tutoring	1825	61.40%	0	0.00%
Adoption Promotion and Support	50	1.70%	0	0.00%
Adult Education	301	10.10%	0	0.00%
Family Education and/or Skill Training	148	5.00%	0	0.00%
Family Reunification	108	3.60%	0	0.00%
Health Education	188	6.30%	0	0.00%
Parent/Child Participation programs	352	11.80%	0	0.00%
<b>TOTAL</b>	<b>2972</b>	<b>100%</b>	<b>0</b>	<b>0%</b>

<b>Transylvania County</b>	\$100,000 State			
<b>The Family Place</b>	Individualized Activities		Summarized Activities	
<b>Participant/Sessions and Participants by Service Type</b>	Number	Percent	Number	Percent
Academic Success Programs/Tutoring	4700	72.90%	29	4.10%
Adoption Promotion and Support	1	0.00%	0	0.00%
Adult Education	120	1.90%	50	7.20%
Case Management	0	0.00%	13	1.80%
Child Development	264	4.10%	54	7.70%
Child and Youth Development	0	0.00%	26	3.70%
Faith-Based Programs	11	0.20%	2	0.30%
Family Education and/or Skill Training	57	0.90%	13	1.80%
Family Reunification	11	0.20%	6	0.90%
Fatherhood	17	0.30%	35	5.00%
Health Education	144	2.20%	85	12.10%
Healthy Marriages	59	0.90%	38	5.40%
Individual or Family Counseling	14	0.20%	6	0.90%
Information & Referral, Resource Linkage	22	0.30%	92	13.10%
Leadership Development	74	1.10%	11	1.60%
Occupational Skills/Job Readiness/Job Placement	0	0.00%	26	3.70%
Other	9	0.10%	2	0.30%
Parent Education	0	0.00%	37	5.30%
Parent Support Group	0	0.00%	6	0.90%
Parent/Child Participation programs	910	14.10%	75	10.80%
Respite Care	1	0.00%	0	0.00%
Self Sufficiency	35	0.50%	3	0.50%
Service Coordination	0	0.00%	90	12.80%
Service Coordination/Case Management	0	0.00%	2	0.30%
<b>TOTAL</b>	<b>6449</b>	<b>100%</b>	<b>701</b>	<b>100%</b>

<b>Tyrell County</b>	\$100,000 IVB-2			
<b>Friends of Family Resource Center - Tyrrell</b>	Individualized Activities		Summarized Activities	
<b>Participant/Sessions and Participants by Service Type</b>	Number	Percent	Number	Percent
Academic Success Programs/Tutoring	532	35.70%	4	0.40%
Adult Education	112	7.50%	13	1.70%
Child Development	236	15.80%	32	4.10%
Client Advocacy	0	0.00%	4	0.50%
Family Education and/or Skill Training	26	1.70%	6	0.80%
Individual or Family Counseling	24	1.60%	0	0.00%
Information & Referral, Resource Linkage	0	0.00%	116	14.90%
Occupational Skills/Job Readiness/Job Placement	0	0.00%	2	0.30%
Other	53	3.60%	0	0.00%
Parent/Child Participation programs	0	0.00%	261	33.50%
Self Sufficiency	0	0.00%	60	7.70%
Service Coordination	508	34.10%	280	35.90%
<b>TOTAL</b>	<b>1491</b>	<b>100%</b>	<b>778</b>	<b>100%</b>

<b>Vance County</b>	\$100,000 IVB-2			
<b>South Henderson Family Resource Center</b>	Individualized Activities		Summarized Activities	
<b>Participant/Sessions and Participants by Service Type</b>	Number	Percent	Number	Percent
Academic Success Programs/Tutoring	3081	96.10%	100	9.00%
Adult Education	0	0.00%	3	0.30%
Case Management	0	0.00%	57	5.10%
Child Development	0	0.00%	10	0.90%
Client Advocacy	0	0.00%	2	0.20%
Family Education and/or Skill Training	0	0.00%	29	2.60%
Health Education	0	0.00%	105	9.50%
HIV Education	0	0.00%	114	10.20%
Individual or Family Counseling	0	0.00%	105	9.50%
Information & Referral, Resource Linkage	0	0.00%	115	10.40%
Leadership Development	0	0.00%	102	9.20%
Occupational Skills/Job Readiness/Job Placement	125	3.90%	56	5.00%
Other	0	0.00%	53	4.80%
Parent/Child Participation programs	0	0.00%	104	9.40%
Self Sufficiency	0	0.00%	106	9.50%
Service Coordination	0	0.00%	50	4.50%
<b>TOTAL</b>	<b>3206</b>	<b>100%</b>	<b>1111</b>	<b>100%</b>

<b>Wake County</b>	\$100,000 IVB-2			
<b>FRC of Raleigh</b>	Individualized Activities		Summarized Activities	
<b>Participant/Sessions and Participants by Service Type</b>	Number	Percent	Number	Percent
Academic Success Programs/Tutoring	311	52.70%	165	19.80%
Academic Success/Tutoring	0	0.00%	17	2.00%
Child Development	0	0.00%	10	1.20%
Client Advocacy	0	0.00%	397	47.60%
Family Education and/or Skill Training	0	0.00%	26	3.10%
Information & Referral, Resource Linkage	0	0.00%	109	13.10%
Occupational Skills/Job Readiness/Job Placement	279	47.30%	18	2.20%
Self Sufficiency	0	0.00%	92	11.00%
<b>TOTAL</b>	<b>590</b>	<b>100%</b>	<b>834</b>	<b>100%</b>



<b>Warren County</b>	\$100,000 IVB-2			
<b>Warren Family Inst. Inc.</b>	Individualized Activities		Summarized Activities	
<b>Participant/Sessions and Participants by Service Type</b>	Number	Percent	Number	Percent
Academic Success Programs/Tutoring	2653	78.90%	45	7.80%
Academic Success/Tutoring	0	0.00%	116	20.00%
Family Education and/or Skill Training	464	13.80%	28	4.80%
Health Education	0	0.00%	78	13.50%
Information & Referral, Resource Linkage	74	2.20%	78	13.50%
Leadership Development	69	2.10%	0	0.00%
Other	69	2.10%	46	7.90%
Parent/Child Participation programs	32	1.00%	188	32.50%
<b>TOTAL</b>	<b>3361</b>	<b>100%</b>	<b>579</b>	<b>100%</b>

<b>Wayne County</b>	\$100,000 IVB-2			
<b>Wayne County First Steps</b>	Individualized Activities		Summarized Activities	
<b>Participant/Sessions and Participants by Service Type</b>	Number	Percent	Number	Percent
Case Management	1126	32.30%	0	0.00%
Child Development	327	9.40%	60	26.30%
Client Advocacy	73	2.10%	0	0.00%
Family Education and/or Skill Training	36	1.00%	47	20.60%
Health Education	0	0.00%	89	39.00%
Individual or Family Counseling	173	5.00%	0	0.00%
Information & Referral, Resource Linkage	150	4.30%	0	0.00%
Leadership Development	2	0.10%	0	0.00%
Other	890	25.50%	0	0.00%
Parent Education	0	0.00%	19	8.30%
Parent/Child Participation programs	699	20.00%	13	5.70%
Self Sufficiency	12	0.30%	0	0.00%
<b>TOTAL</b>	<b>3488</b>	<b>100%</b>	<b>228</b>	<b>100%</b>

## Respite Programs

<b>Bertie County</b>	\$30,000 CB-CAP			
<b>Bertie County Respite</b>	Individualized Activities		Summarized Activities	
<b>Participant/Sessions and Participants by Service Type</b>	Number	Percent	Number	Percent
Academic Success Programs/Tutoring	2482	41.40%	89	14.30%
Academic Success/Tutoring	0	0.00%	12	1.90%
Adult Education	0	0.00%	26	4.10%
Faith-Based Programs	0	0.00%	129	20.70%
Family Education and/or Skill Training	0	0.00%	6	1.00%
Healthy Marriages	0	0.00%	107	17.20%
HIV Education	0	0.00%	13	2.00%
Information & Referral, Resource Linkage	0	0.00%	5	0.80%
Occupational Skills/Job Readiness/Job Placement	0	0.00%	3	0.50%
Parent Education	0	0.00%	6	1.00%
Parent/Child Participation programs	0	0.00%	83	13.40%
Respite Care	3513	58.60%	144	23.20%
<b>TOTAL</b>	<b>5995</b>	<b>100%</b>	<b>623</b>	<b>100%</b>

<b>Buncombe County (also serves Madison, Mitchell &amp; Yancey)</b>	\$30,000 CB-CAP			
<b>Caring for Children Respite</b>	Individualized Activities		Summarized Activities	
<b>Participant/Sessions and Participants by Service Type</b>	Number	Percent	Number	Percent
Respite Care	218	100.00%	0	0.00%
<b>TOTAL</b>	<b>218</b>	<b>100%</b>	<b>0</b>	<b>0%</b>

<b>Forsyth County (also serves Davie, Stokes)</b>	\$30,000 CB-CAP			
<b>Exchange Club - Respite</b>	Individualized Activities		Summarized Activities	
<b>Participant/Sessions and Participants by Service Type</b>	Number	Percent	Number	Percent
Academic Success Programs/Tutoring	6	2.90%	0	0.00%
Case Management	0	0.00%	12	39.70%
Information & Referral, Resource Linkage	0	0.00%	16	53.40%
Respite Care	202	97.10%	2	6.90%
<b>TOTAL</b>	<b>208</b>	<b>100%</b>	<b>30</b>	<b>100%</b>

<b>Guilford County – 2 Sites</b>	\$30,000 CB-CAP			
<b>Youth Focus - Respite</b>	Individualized Activities		Summarized Activities	
<b>Participant/Sessions and Participants by Service Type</b>	Number	Percent	Number	Percent
Respite Care	387	100.00%	0	0.00%
<b>TOTAL</b>	<b>387</b>	<b>100%</b>	<b>0</b>	<b>0%</b>

<b>Childrens Home Society - Respite</b>	Individualized Activities		Summarized Activities	
<b>Participant/Sessions and Participants by Service Type</b>	Number	Percent	Number	Percent
Respite Care	266	100.00%	0	0.00%
<b>TOTAL</b>	<b>266</b>	<b>100%</b>	<b>0</b>	<b>0%</b>

<b>Jackson County (also serves Cherokee, Clay, Graham, Haywood, Macon, Swain)</b>	2 contracts each \$30,000 CB-CAP			
<b>Jackson Co. FRC - Respite Care</b>	Individualized Activities		Summarized Activities	
<b>Participant/Sessions and Participants by Service Type</b>	Number	Percent	Number	Percent
Respite Care	447	100.00%	0	0.00%
<b>TOTAL</b>	<b>447</b>	<b>100%</b>	<b>0</b>	<b>0%</b>

## Appendix H

### North Carolina's FRC, Adoption Support & Respite Outcomes' Model

(\*Adapted from Alter & Egan's work, 1997)

**Final Version March 2006**

<b>GOALS</b> (**these are possible examples of goals related to NCFSS Objectives & Outcomes—goals will be determined by NC DSS)	<b>OBJECTIVES</b> <b>(NCFSS subscale items)</b>	<b>SERVICE TYPES &amp; DESCRIPTIONS</b> (definitions were derived from Micklem Report, 2004 FRC & Respite Annual Report, and the AIRS/INFO LINE Taxonomy of Human Services)	<b>OUTCOMES</b> <b>(NCFSS subscales—see objectives' column for actual items under each subscale)</b>
To maintain information about community human service resources; to provide individuals with descriptive information about the agencies or organizations which offer services; and/or to link people who need assistance with appropriate service providers	Link clients with appropriate services/resources	<b><u>Information &amp; Referral, Resource Linkage:</u></b> This category includes programs whose primary purpose is to maintain information about human service resources in the community and to link people who need assistance with appropriate service providers and/or to supply descriptive information about the agencies or organizations which offer services. The information and referral process involves establishing contact with the individual, assessing the individual's long and short-term needs, identifying resources to meet those needs, providing a referral to identified resources, and, where appropriate, following up to ensure that the individual's needs have been met.	Summary/descriptive statistics of time and frequency of information and client referrals. (Would not typically be used for Individual Statistics, therefore not NCFSS scales would be used. This service type would be used for Summary Statistics.)
To develop/enhance parenting skills; to provide opportunities for parents to share experiences and concerns with peers in structured support groups; to increase parent support networks; and/or to foster active participation of parents in their children's education.	(A) Improve/enhance child development, physical/mental health, behavior, school performance, and/or self-sufficiency. (B) Improve/enhance parent's skills, sense of support, physical/mental health, education, leadership skills, and community participation. (C) Improve/enhance family interactions, communication, cohesiveness, social support, economic self-sufficiency, problem solving, and home environments. (D) Improve families' knowledge of available human services, linkages between families & human services, relations between families & human services, families' participation in FS program governance.	<b><u>Parent Education</u></b> This category includes formal instruction programs in child development, parenting skills, <b>and rights of parents and children.</b> Examples include: Parent Education Programs such as Parents As Teachers and Master Parents. It also includes Parent Involvement programs intended to foster active participation of parents in their children's education.	North Carolina Family Support Outcome Scale (NCFSS) Subscales: <ul style="list-style-type: none"> <li>• <b><i>A, Overall Child Functioning (optional-only possible if child is also participating in the activity)</i></b></li> <li>• <b><i>B, Overall Parent Functioning</i></b></li> <li>• <b><i>C, Overall Family Functioning</i></b></li> <li>• <b><i>D, Family's Relationship to Community (optional)</i></b></li> </ul>

<b>GOALS</b> (**these are possible examples of goals related to NCFSOS Objectives & Outcomes—goals will be determined by NC DSS)	<b>OBJECTIVES</b> <b>(NCFSOS subscale items)</b>	<b>SERVICE TYPES &amp; DESCRIPTIONS</b> (definitions were derived from Micklem Report, 2004 FRC & Respite Annual Report, and the AIRS/INFO LINE Taxonomy of Human Services)	<b>OUTCOMES</b> <b>(NCFSOS subscales—see objectives' column for actual items under each subscale)</b>
	A) Improve/enhance child development, physical/mental health, behavior, school performance, and/or self-sufficiency. (B) Improve/enhance parent's skills, sense of support, physical/mental health, education, leadership skills, and community participation. (C) Improve/enhance family interactions, communication, cohesiveness, social support, economic self-sufficiency, problem solving, and home environments. (D) Improve families' knowledge of available human services, linkages between families & human services, relations between families & human services, families' participation in FS program governance.	<p><b><u>Parent Support Groups:</u></b></p> It includes opportunities for parents to share experiences and concerns with peers in structured support groups. Parent Support groups for specific groups including teen parents, parents of children with special needs, fathers only, grandparents who are raising grandchildren, and non-English speaking parents, <i>etc.</i>	North Carolina Family Support Outcome Scale (NCFSOS) Subscales: <ul style="list-style-type: none"> <li>• <i>A, Overall Child Functioning (optional-only possible if child is also participating in the activity)</i></li> <li>• <i>B, Overall Parent Functioning</i></li> <li>• <i>C, Overall Family Functioning</i></li> <li>• <i>D, Family's Relationship to Community (optional)</i></li> </ul>
To offer temporary, substitute living arrangements for dependent adults and children in order to provide a brief period of relief for their regular caregivers; and to offer services of substitute caregivers that provide respite care services in the individual's home.	(A) Improve/enhance child development, physical/mental health, behavior, school performance, and/or self-sufficiency. (B) Improve/enhance parent's skills, sense of support, physical/mental health, education, leadership skills, and community participation. (C) Improve/enhance family interactions, communication, cohesiveness, social support, economic self-sufficiency, problem solving, and home environments. (D) Improve families' knowledge of available human services, linkages between families & human services, relations between families & human services, families' participation in FS program governance.	<p><b><u>Respite Care:</u></b></p> This category includes programs that offer temporary <i>care</i> arrangements children in order to provide a brief period of relief or rest (usually more than twenty-four hours) for the family members, guardians or other people who are their regular caregivers.	NCFSOS Subscales: <ul style="list-style-type: none"> <li>• <i>A, Child Functioning</i></li> <li>• <i>B, Parent Functioning (optional-if parent is concurrently participating in another activity)</i></li> <li>• <i>C, Overall Family Functioning</i></li> <li>• <i>D, Family's Relationship to the Community (optional)</i></li> </ul>

<b>GOALS</b> (**these are possible examples of goals related to NCFSOS Objectives & Outcomes—goals will be determined by NC DSS)	<b>OBJECTIVES</b> <b>(NCFSOS subscale items)</b>	<b>SERVICE TYPES &amp; DESCRIPTIONS</b> (definitions were derived from Micklem Report, 2004 FRC & Respite Annual Report, and the AIRS/INFO LINE Taxonomy of Human Services)	<b>OUTCOMES</b> <b>(NCFSOS subscales—see objectives' column for actual items under each subscale)</b>
To educate and promote the physical and mental health and well-being of community residents.	(A) Improve/enhance child development, physical/mental health, behavior, school performance, and/or self-sufficiency. (B) Improve/enhance parent's skills, sense of support, physical/mental health, education, leadership skills, and community participation. (C) Improve/enhance family interactions, communication, cohesiveness, social support, economic self-sufficiency, problem solving, and home environments. (D) Improve families' knowledge of available human services, linkages between families & human services, relations between families & human services, families' participation in FS program governance. (E) Improve/enhance individual's skills, knowledge and attitudes; sense of support, physical/mental health, education, leadership skills, and community participation.	<b>Health Education:</b> This category includes ongoing programs designed to promote the physical and mental health and well-being of community residents. Examples include health screenings, <i>HIV education</i> , immunizations, WIC distribution/commodities' distribution, regularly scheduled health education programs, and substance abuse prevention or rehabilitation programs.	NCFSOS Subscales: <ul style="list-style-type: none"> <li>• <i>A, Overall Child Functioning (optional)</i></li> <li>• <i>B, Overall Parent Functioning (optional)</i></li> <li>• <i>C, Overall Family Functioning (optional)</i></li> <li>• <i>D, Family's Relationship to Community (optional)</i></li> <li>• <i>E, Overall Individual Functioning (optional)</i></li> </ul>
To improve adult literacy; to provide adult education classes and enhance ongoing life skills and financial management.	(B) Improve/enhance parent's skills, sense of support, physical/mental health, education, leadership skills, and community participation. (C) Improve/enhance family interactions, communication, cohesiveness, social support, economic self-sufficiency, problem solving, and home environments. (D) Improve families' knowledge of available human services, linkages between families & human services, relations between families & human services, families' participation in FS program governance. (E) Improve/enhance individual's skills, knowledge and attitudes; sense of support, physical/mental health, education, leadership skills, and community participation	<b>Adult Education:</b> This category includes one-on-one or group adult literacy classes; Adult Basic Education, GED, English as a Second Language and Adult High School classes through local community college; and ongoing life skills and financial management courses.	NCFSOS Subscales: <ul style="list-style-type: none"> <li>• <i>B, Overall Parent Functioning (optional)</i></li> <li>• <i>C, Overall Family Functioning</i></li> <li>• <i>D, Family's Relationship to Community (optional)</i></li> <li>• <i>E, Overall Individual Functioning (optional)</i></li> </ul>

<b>GOALS</b> (**these are possible examples of goals related to NCFSOS Objectives & Outcomes—goals will be determined by NC DSS)	<b>OBJECTIVES</b> <b>(NCFSOS subscale items)</b>	<b>SERVICE TYPES &amp; DESCRIPTIONS</b> (definitions were derived from Micklem Report, 2004 FRC & Respite Annual Report, and the AIRS/INFO LINE Taxonomy of Human Services)	<b>OUTCOMES</b> <b>(NCFSOS subscales—see objectives' column for actual items under each subscale)</b>
To enrich the educational and psychological development of children and youth; and to foster a healthy self-identity and responsible choices in children/youth.	(A) Improve/enhance child development, physical/mental health, behavior, school performance, and/or self-sufficiency. (C) Improve/enhance family interactions, communication, cohesiveness, social support, economic self-sufficiency, problem solving, and home environments. (D) Improve families' knowledge of available human services, linkages between families & human services, relations between families & human services, families' participation in FS program governance.	<u><b>Child and Youth Development:</b></u> This category includes programs emphasizing the social and psychological development of children and youth, in addition to educational enrichment. It includes: guided play programs for infants and toddlers; programs focusing on social/psychological development of pre-school children; mentoring programs; summer and after-school enrichment and recreational programs/camps such as Scouts and 4-H groups; and youth programs intended to build a healthy self-identity and foster responsible choices in areas such as careers and alcohol and drug abuse.	NCFSOS Subscales: <ul style="list-style-type: none"> <li>• <i>A, Overall Child Functioning</i></li> <li>• <i>C, Overall Family Functioning (optional)</i></li> <li>• <i>D, Family's Relationship to the Community (optional)</i></li> </ul>
To enhance the academic achievement of children and youth.	(A) Improve/enhance child development, physical/mental health, behavior, school performance, and/or self-sufficiency. (C) Improve/enhance family interactions, communication, cohesiveness, social support, economic self-sufficiency, problem solving, and home environments. (D) Improve families' knowledge of available human services, linkages between families & human services, relations between families & human services, families' participation in FS program governance.	<u><b>Academic Success/Tutoring:</b></u> This category includes all programs whose primary purpose is to foster the <i>academic achievement</i> of children and youth, pre-K through 12th grade. Examples include after-school and summer educational/tutoring programs; out-of-school suspension programs; and lending library programs that loan out educational materials (e.g., books, educational videos and educational toys).	NCFSOS Subscales: <ul style="list-style-type: none"> <li>• <i>A, Overall Child Functioning</i></li> <li>• <i>C, Overall Family Functioning (optional)</i></li> <li>• <i>D, Family's Relationship to the Community (optional)</i></li> </ul>

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<p>To arrange permanent homes for children whose birth parents are unable or unwilling to provide for their care. To support positive outcomes for people who want to relinquish their children for adoption or arrange for an independent adoption; To develop and foster stable living arrangements for children through guardianship and supportive legal services, and to help adoptive parents feel supported.</p>	<p>(A) Improve/enhance child development, physical/mental health, behavior, school performance, and/or self-sufficiency. (B) Improve/enhance parent's skills, sense of support, physical/mental health, education, leadership skills, and community participation. (C) Improve/enhance family interactions, communication, cohesiveness, social support, economic self-sufficiency, problem solving, and home environments. (D) Improve/enhance family's knowledge of available human services, linkages to those services, and participation with those services.</p>	<p><b><u>Adoption Promotion &amp; Support:</u></b></p> <p>This category includes programs that participate in arranging permanent homes under new legal parentage for children whose birth parents are unable or unwilling to provide for their care. Included are programs that provide counseling and assistance for people who want to relinquish their children for adoption or arrange for an independent adoption; which recruit, select, counsel and match suitable adoptive parents with children who have been relinquished; which assist in the adoption of foreign-born children or stepchildren; and which provide foster care for children who have been relinquished for adoption but not yet placed. This category also may include guardianship services, legal services, and support groups around the issues of adoption or guardianship. Further, programs that coordinate the activities of multiple agencies involved with adoption services also are included.</p>	<p>NCFSOS Subscales:</p> <ul style="list-style-type: none"> <li>• <i>A, Overall Child Functioning</i></li> <li>• <i>B, Overall Parent Functioning</i></li> <li>• <i>C, Overall Family Functioning</i></li> <li>• <i>D, Family's Relationship to Community (optional)</i></li> </ul>



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To enhance the independent living conditions of individuals with daily living difficulties via ensuring coordination and delivery of needed services; and/or to transition these individuals from hospitalization to independent living.	(A) Improve/enhance child development, physical/mental health, behavior, school performance, and/or self-sufficiency. (B) Improve/enhance parent's skills, sense of support, physical/mental health, education, leadership skills, and community participation. (C) Improve/enhance family interactions, communication, cohesiveness, social support, economic self-sufficiency, problem solving, and home environments. (D) Improve families' knowledge of available human services, linkages between families & human services, relations between families & human services, families' participation in FS program governance. (E) Improve/enhance individual's skills, knowledge, and attitudes; sense of support, physical/mental health, education, leadership skills, & community participation.	<u><b>Service Coordination/Case Management</b></u> The category includes helping children and their families be aware of their rights; gaining access to services; providing a single point of contact for the families; coordinating evaluations and assessments; developing, reviewing, and evaluating individualized family service plans; assisting families in identifying available service providers; coordinating services; inform families of advocacy services; coordinating with medical providers; and facilitating transition plans to preschool or other settings. This category also includes activities to assist and enable eligible children and their families to receive early intervention services under the Individuals with Disabilities Education Act (IDEA).	NCFSOS Subscales: <ul style="list-style-type: none"> <li>• <b>A, Overall Child Functioning (optional)</b></li> <li>• <b>B, Overall Parent Functioning (optional)</b></li> <li>• <b>C, Overall Family Functioning</b></li> <li>• <b>D, Family's Relationship to the Community (optional)</b></li> <li>• <b>E, Overall Individual Functioning (optional)</b></li> </ul>
To provide/enhance employment skills and increase employment opportunities for individuals; to enhance economic self-sufficiency of individuals, and improve child and family outcomes.	(B) Improve/enhance parent's skills, sense of support, physical/mental health, education, leadership skills, and community participation. (C) Improve/enhance family interactions, communication, cohesiveness, social support, economic self-sufficiency, problem solving, and home environments. (D) Improve families' knowledge of available human services, linkages between families & human services, relations between families & human services, families' participation in FS program governance. (E) Improve/enhance individual's skills, knowledge and attitudes; sense of support, physical/mental health, education, leadership skills, and community participation.	<u><b>Occupational Skills/Job Readiness/Job Placement</b></u> : This category includes programs that provide family members with the job skills and resources needed to obtain employment and become economically self-sufficient, which improves child and family outcomes. It includes regularly scheduled job readiness programs; one-on-one or group job search and job placement counseling and assistance; job internship programs; computer skills programs or other skills development programs whose primary purpose is development of skills for employment; and all Work First collaboration programs.	NCFSOS Subscales: <ul style="list-style-type: none"> <li>• <b>B, Overall Parent Functioning (optional)</b></li> <li>• <b>C, Overall Family Functioning</b></li> <li>• <b>D, Family's Relationship to Community (optional)</b></li> <li>• <b>E, Overall Individual Functioning (optional)</b></li> </ul>

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To develop and/or enhance skills that strengthen the inter-relational understanding and participation between parent and child(ren)	(A) Improve/enhance child development, physical/mental health, behavior, school performance, and/or self-sufficiency. (B) Improve/enhance parent's skills, sense of support, physical/mental health, education, leadership skills, and community participation. (C) Improve/enhance family interactions, communication, cohesiveness, social support, economic self-sufficiency, problem solving, and home environments. (D) Improve families' knowledge of available human services, linkages between families & human services, relations between families & human services, families' participation in FS program governance.	<u><b>Parent/Child Participation Programs:</b></u> This category includes educational, developmental, and interactive programs having components specifically designated for parents and children in the same family. Examples such as literacy programs, parent/child developmental programs, and playgroups are included.	NCFSOS Subscales: <ul style="list-style-type: none"> <li>• <i>A, Overall Child Functioning</i></li> <li>• <i>B, Overall Parent Functioning</i></li> <li>• <i>C, Overall Family Functioning</i></li> <li>• <i>D, Family's Relationship to the Community (optional)</i></li> </ul>
To enhance the parenting and relationship-building skills of fathers in non-traditional familial situations with their children.	(A) Improve/enhance child development, physical/mental health, behavior, school performance, and/or self-sufficiency. (B) Improve/enhance parent's skills, sense of support, physical/mental health, education, leadership skills, and community participation. (C) Improve/enhance family interactions, communication, cohesiveness, social support, economic self-sufficiency, problem solving, and home environments. (D) Improve families' knowledge of available human services, linkages between families & human services, relations between families & human services, families' participation in FS program governance.	<u><b>Fatherhood:</b></u> This category includes support groups and activities for males who share a common characteristic or circumstance such as being prospective caregivers; single parents; and non-custodial parents who come together for educational and developmental purposes.	NCFSOS Subscales: <ul style="list-style-type: none"> <li>• <i>A, Overall Child Functioning (optional)</i></li> <li>• <i>B, Overall Parent Functioning</i></li> <li>• <i>C, Overall Family Functioning</i></li> <li>• <i>D, Family's Relationship to the Community (optional)</i></li> </ul>

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To enhance the health and well-being of married or cohabitating persons, individually and as a couple in order to improve child and family outcomes.	(A) Improve/enhance child development, physical/mental health, behavior, school performance, and/or self-sufficiency. (B) Improve/enhance parent's skills, sense of support, physical/mental health, education, leadership skills, and community participation. (C) Improve/enhance family interactions, communication, cohesiveness, social support, economic self-sufficiency, problem solving, and home environments. (D) Improve families' knowledge of available human services, linkages between families & human services, relations between families & human services, families' participation in FS program governance.	<b>Healthy Marriages:</b> This category includes programs that support the development of effective communication and conflict management skills among married or cohabitating persons. These programs foster mutually enriching relationships based on respect among the married or cohabiting partners that lead to enhanced child and family outcomes.	NCFSOS Subscales: <ul style="list-style-type: none"> <li>• <i>A, Overall Child Functioning (optional)</i></li> <li>• <i>B, Overall Parent Functioning (optional)</i></li> <li>• <i>C, Overall Family Functioning</i></li> <li>• <i>D, Family's Relationship to the Community (optional)</i></li> </ul>
To develop and/or strengthen child and family well-being through strengthened religious organizations and communities.	(A) Improve/enhance child development, physical/mental health, behavior, school performance, and/or self-sufficiency. (B) Improve/enhance parent's skills, sense of support, physical/mental health, education, leadership skills, and community participation. (C) Improve/enhance family interactions, communication, cohesiveness, social support, economic self-sufficiency, problem solving, and home environments. (D) Improve families' knowledge of available human services, linkages between families & human services, relations between families & human services, families' participation in FS program governance.	<b>Faith-Based Programs:</b> This category includes programs that strengthen religious organizations and their communities, as they in turn strengthen and enhance families' well-being.	NCFSOS Subscales: <ul style="list-style-type: none"> <li>• A, Overall Child Functioning (optional)</li> <li>• B, Overall Parent Functioning (optional)</li> <li>• C, Overall Family Functioning</li> <li>• D, Family's Relationship to the Community</li> </ul>

Not included in the Service Types & Descriptions are **Transportation/Child Care Support Services** & **Community Building** from Micklem's Report.

Alter, C. & Egan, M. (1997). Logic modeling: A tool for teaching critical thinking in social work practice. *Journal of Social Work Education*, 33 (1), 85-102.